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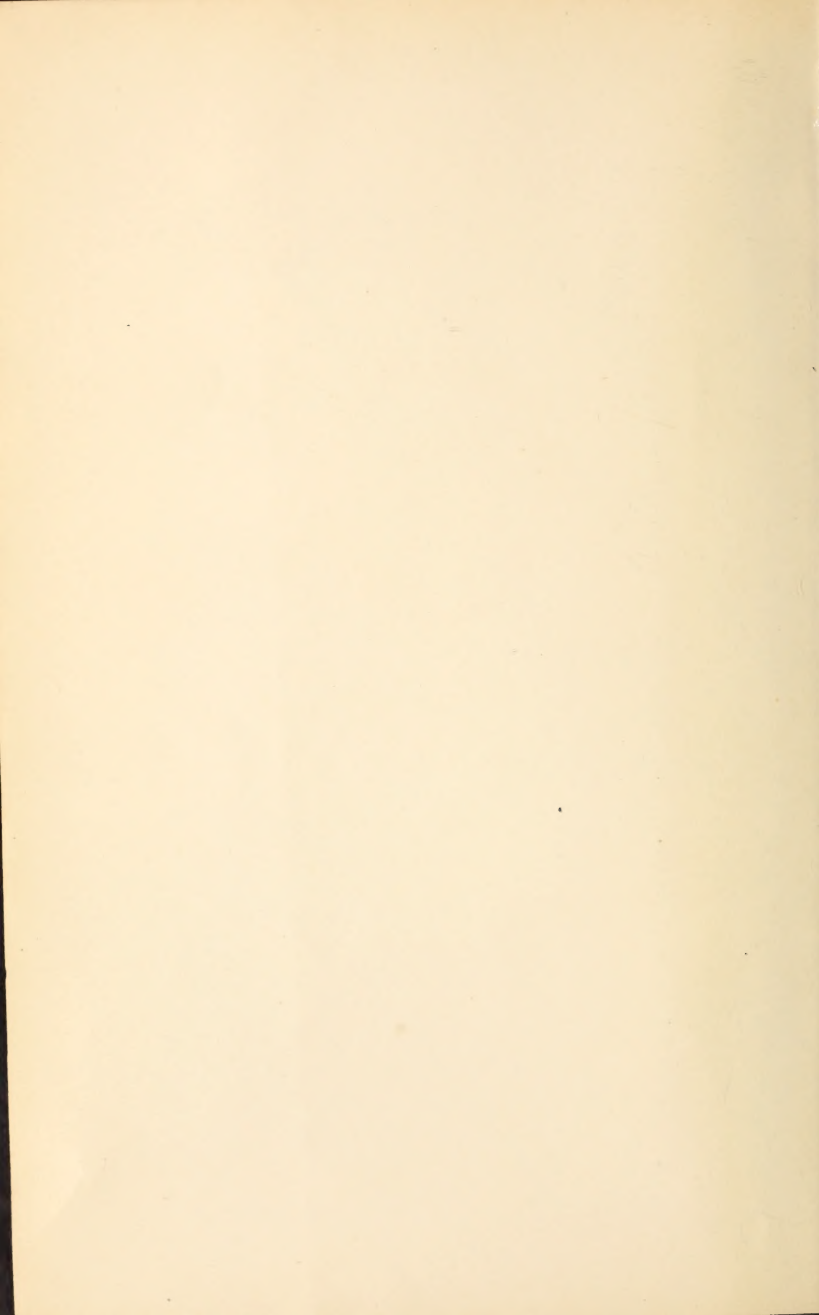
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ORIGINAL.

THE TECHNIQUE OF THE UTERINE CURETTE AND ITS COMPANIONS.*

BY GEORGE E. ABBOTT, M.D., HOTEL DEL CORONADO.

MEMBER OF THE NEW YORK OBSTETRICAL SOCIETY, ETC., FORMERLY INSTRUCTOR
IN THE NEW YORK POST GRADUATE SCHOOL AND HOSPITAL.

Mr. President, and Fellows:

In past years, as I have met physicians old and young, in post-graduate work, I have known no subject of such general gynecological interest to all, as The Technique of the Uterine Curette and its Companions.

The gynecologist must be skilled in its use, in the most dangerous cases of hysterectomy; and the general practitioner must, with equal skill, use the curette in his cases of miscarriage which he must treat alone and at a distance from all medical assistance.

It has been said that the general practitioner must never touch a gynecological case. In the city this may be true; but in the country it is all wrong. A poor patient, in a prairie town, should not be left to die; or what is worse, to commence a life of anaemic and neurotic invalidism; when, by a little study and practice, her family physician can remove a retained placental tuft or a fungoid, degenerated endometrium and save his patient.

The major and minor gynecologist and general practitioner should know what to do and how to do it; also what not to do; what may be postponed; and what must promptly be done by another who has given his time and study to similar cases. Therefore I present to you these salient points of the Uterine Curette and its Companions, in the hope that the discussion may bring

*Read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles Dec. 4 and 5, 1895.

out helpful suggestions from others, as to what should be done and what avoided.

THE CURETTE.

We must have three distinct classes of curettes. First, for diagnosis; second, to scrape away ordinary fungosities or degenerated endometrium; and third, to do the cutting surgical work, upon the larger pathological growths.

In selecting a curette, choose one having a stiff shank and only flexible by considerable pressure; because delicacy of touch depends upon the skilled and practiced hand, and not upon a weak, uncertain instrument.

Observe, if you will, this worthless curette. See how easily it bends upon my face and notice the misguidance and danger of its intra-uterine use, for while I apparently curette the anterior wall of the cavity I am actually injuring the posterior wall because of the bent condition of the curette.

The diagnostic curette should be of medium size, but of firm shank, the loop should be at least $\frac{1}{4}$ inch wide. It is curious how great an advantage the curette has over the probe. The average surgeon can with it easily diagnose abnor-

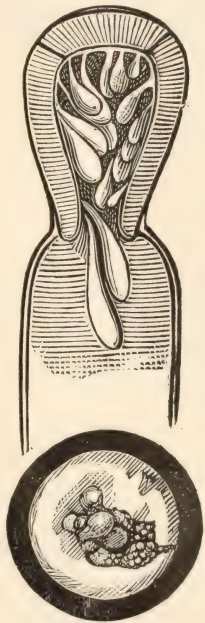


FIGURE 1.

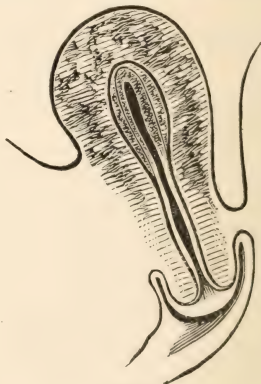


FIGURE 2.

mal conditions that remain entirely obscured while using the probe or sound only.

The scraping curette is the next in the series. The term, dull wire curette, has two interpretations and is represented by two instruments. The loop of one is made of ordinary round wire, which is a dangerous instrument, not in its use, but in its inefficiency, doing no good work, yet giving the surgeon the false assurance that he has thoroughly curetted the endometrium. The loop of the proper "dull wire" curette should be made of half round wire, giving a right angle scraping edge, quite efficient for fungosities, etc.

The third, or cutting curette, should be of a *very* firm, yet flexible shank, with

its loop of fine steel; having its edges turtle mouthed or hawk-bill shaped, capable of attacking and removing any growth.

Prof. Hanks, of New York, has given the profession a very useful curette which might be described as a small loop of a watch spring, soldered to the end of a copper shank.

I have here a curette constructed for me by Tiemann & Co. At one end a large curette, like Prof. Hanks', but *having one edge sharp and the other serrated*, the other end small for diagnosis and for curetting well up into the horns of the uterus. This was kindly criticized by members of the New York Obstetrical Society some years ago, and has proven since then to be a valuable instrument. It certainly does its work quickly and safely, removing little cysts and shreds of membrane which would escape the smooth curette. (See Fig. 1.)

There are also irrigating curettes, but the weight of the irrigating tube greatly interferes with the delicacy and rapidity of operating, and they are practically of no additional value.

The companions of the curette may be enumerated as follows:

Medicinal—The various plans of preparatory treatment.

Manual—The digital examination.

Irrigating instruments—For cleansing the vagina and cervical canal.

Speculums—Sims and bivalve.

Dilators—Cervical tents, dilators and divulsors.

The intra-uterine stem pessaries.

The medicated gauze, and instruments for introducing the same.

Perhaps the quickest way to study these will be to do an imaginary operation. Let us suppose a case of fungoid degeneration of the endometrium, a stenosis of the internal os and patulous external os. We must pass over the preparatory treatment and aseptic preparations for the operation, from lack of time, and proceed, first, to make a digital examination and ascertain the presence or absence of acute or chronic pelvic inflammation; position of the uterus, its mobility, adhesions, abnormal growths, etc. Next with a *clean* fountain syringe irrigate vulva and thighs, the vagina and cervical canal. Fatal cases of septicemia have occurred even in simple cases of curettement and trachelorrhaphy, from failure to thoroughly cleanse them.

It is impossible to thoroughly cleanse the vagina, uterus or any other cavity by simply irrigating the same. Recall how forcible mountain streams tear along their rocky beds, yet how comfortably the water grasses, mosses and microbes enjoy an unmolested life. One must scrub, with cotton or sponge, on an applicator, each crypt and corrugation of the vagina and cervical canal which are often filled with dead spermatozoa, effete matter and glycerine cultures, pushed up by previous tamponades. I have seen a trachelorrhaphy done and the fresh cervical wound allowed to settle back against the uncleansed posterior wall which had been protected by the blade of the speculum, from even the accidental cleansing of the operation. That simple irrigation is not sufficient, can easily be demonstrated by giving a careful douche, then on introducing the finger one can hook out plenty of necrotic epithelium.

After irrigation, catch the anterior lip of the uterus with a double tenaculum (Museux's forceps) and steady it, *in loco*, or, if there has been *no inflammation* make gentle traction, and bring the uterus downward. The next step is carefully to explore the cavity of the uterus with the thoroughly aseptic probe and diagnostic curette. Many operators dilate the cervical canal, thrust in the operating curette, and begin to scrape away "for dear life." The blood begins to flow, they hasten through the curettement, pack with the gauze and thus bring an imper-

fect operation to a close. Instead of this, one should carefully study the anatomical geography of the case before him, and its pathological condition; if possible without drawing a drop of blood and thus know with what he must deal.

One may ask "How can this diagnostic touch be obtained?" While answering, I will pass around this peculiar uterus, and I am sure that the doctor will detect the smooth, even surface of a part of its interior; higher up may be felt by the curette, a small fibroid tumor. The curette can be passed around this in a complete circle lower down; but above the pedicle is felt obstructing it.

Now I must apologize to the doctor and ask him to be patriotic and suffer for the sake of his medical countrymen; because the peculiar uterus he has been curetting, is a sheep's heart; the external os is a foramen, cut in the apex of the left ventricle, and the fibroid is a small sausage, pushed through the mitral orifice. The fibroid can be substituted by the finger of a friend and the pulp or nail be detected by the curette.

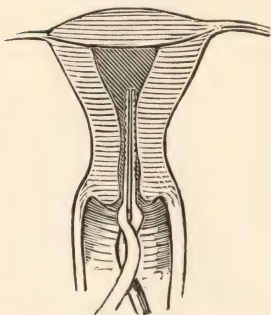


FIGURE 3.

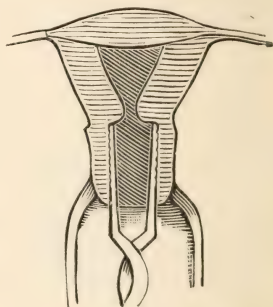


FIGURE 4.

I know that some will deride such study, yet I strongly advise those who are in earnest, to take home a sheep's heart, a piece of honey-comb tripe, a piece of liver, capsule on one side and the cut surface on the other, flannel and silk, and with these practice and thus educate their touch. In curetting the heart detect its cavities, scrape a hole through the septum, into the right ventricle and get thereby the sense of curetting in one spot only, thus will one be able to avoid penetrating into the peritoneal cavity of his patient; a careful study like this will add much to the safety of one's first case.

Returning to our case for operation, which we have carefully explored we find it necessary to dilate the cervical canal.

The old slow and septic method of sponge and tupelo tents has gradually given way to the semi-rapid Barnes' and Molesworth's dilators and these have evolved the rapid dilating by the finger and by Hanks', Ellenger's and other divulsors.

In rapid divulsion, three cautions are necessary. First: Do not work with sudden force, lest you lacerate the cervix. Secondly: Introduce the divulsor fully within the internal os, (Fig. 3,) lest the cervical canal be ruptured *external* to the *internal* os, as in (Fig. 4.) Thirdly: Cause pressure to be made upon the entire cir-

cumference of the external os and consequently upon that of the canal and internal os; *but* be cautious not to turn the divulsor entirely around on its axis, lest injury be done by having the curve of the instrument posterior, while the curve of the uterus is anterior; or the reverse.



FIGURE 5.



FIGURE 6.

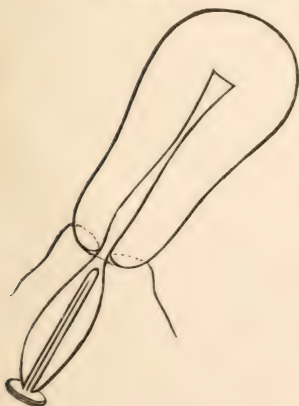


FIGURE 7.



FIGURE 8.

Having dilated the canal to from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch, or more as the conditions demand, we now proceed to confirm our diagnosis and curette intelligently

remembering not to work too much in one spot, lest we penetrate into the peritoneal cavity.

We should bear in mind that the uterus after labor or miscarriage is often very soft and its walls easily penetrated, (Fig. 2.) In operating with the curette one should introduce it well into the uterus and then make little short quick withdrawal movements carefully graduating the pressure. Do not withdraw the curette from the uterus at each stroke, as some advise. If possible curette the whole endometrium before withdrawing and thus avoid introducing microbes, etc.

As soon as firm muscular tissue is felt, that surface is practically clean, yet in certain cases of degeneration, the entire fundus may be softened, and not give out the so-called "cry of the uterus."

Having finished the curettement, we again irrigate and dry the cavity, with aseptic cotton. Some surgeons now inject tincture of iodine or persulphate of iron; others, and I think with better effect, "mop out" the cavity with carbolic acid and glycerine, equal parts, or with pyroligneous acid. The cotton should be tied to the applicator with removal threads and the excess of carbolic acid removed by pressure, with absorbent cotton, before it is passed into the uterus.

Other operators, with better judgment, pack the uterus with ribbons of medicated gauze, some using delicate forceps; and others using a corkscrew applicator. The best of these are made, not with a long double corkscrew end; but with one having only a half turn just at the end of the rod. These catch the gauze easily, carry it well up into the uterus, without danger, and with a reverse turn, let go their hold.

Dr. Polk's large cervical canula is of great assistance, in thus packing the uterus; and, if dilatation has not been freely done, it should be introduced before irrigating with the hot water, which almost invariably closes the canal very perceptibly and renders the introduction of the gauze difficult.

Others again advocate the use of the intra-uterine stems. In many cases, especially in the nullipara and maiden, it is desirable for the patient to wear the stem through one or two menstrual periods. This saves the unpleasant examinations and manipulations of the loose stem and pessary, which are so much dreaded by the unmarried; but patients wearing them must be exceedingly cautious.

It is well to wire the stem into the uterus, as in (Fig. 8.) To do this, pass the needle through the right, lateral lip of the cervix, (Fig. 5,) about one-fourth of an inch up the canal; bring it out through the os; and, holding the stem (Hanks' intra-uterine stem) so that its curve corresponds to the curve of the uterus, thread the wire (the needle is usually too large) through the little hole in the stem; but not through the slit made for drainage. Then carry the needle through the left lateral lip of the cervix from within outward, (Fig. 6.) Now make traction upon the ends of the wire (Fig. 7) and guide the stem into and along the canal, until its head rests upon the cervix. Then bring the ends of the wire across the head; twist, cut, and turn the ends in, to guard the vagina, (Fig. 8.)

Measure the uterus and stem so as to be sure the stem will reach within the internal os and yet not strike the fundus; if too long, file it off, then smooth and polish it on an oil-stone.

THE PRACTITIONER is pleased to note the acquittal of Dr. J. C. Hearne. The jury was out only a few minutes and promptly returned a verdict of not guilty.

PROPHYLAXIS OF TUBERCULOSIS.*

BY J. H. UTLEY, M.D., LOS ANGELES, CAL.

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It may seem presumptuous in me to ask you to listen to remarks on a subject which has been so often and so thoroughly discussed by members of our profession in all parts of the world; but in doing so I am actuated by the belief that it is one of special interest to us as citizens, as well as physicians, of one of the great health resorts of this continent. We are visited annually by many hundreds of those suffering from tuberculosis, and quite a large proportion of our population is afflicted with this disease in some form. In looking over the health reports for the past five years I find that in eighteen hundred and ninety there were two hundred and twenty-five deaths from tuberculosis, of which only ten were natives of Los Angeles and seventeen of other parts of the State, while in eighteen hundred and ninety-four there were two hundred and eighty-three cases with thirteen Los Angelenos and fourteen Californians from other localities. These reports show, in an incomplete way, to what an extent the disease is brought to our city.

Now in order to understand clearly what we can do to prevent the spread of this fatal malady it is necessary to consider its etiology. This I will do as briefly as possible, citing only generally accepted facts. Tuberculosis is caused by the *Bacillus Tuberculosis*, but there must be a certain condition of the tissues, one of so-called *lowered vitality*, in which the disease develops. In health the bacilli are prevented from multiplying in tissues where they are deposited by the defensive action of the blood serum and leucocytes. They are found in large numbers in the sputum of patients having pulmonary tuberculosis, in the milk of tuberculous mothers, in the meat of animals afflicted with this disease and in the secretions and excretions of tuberculous organs. The most frequent way in which these germs enter the body is by inhalation of particles of dust to which the bacilli of dried sputum adhere. It is thought that they are occasionally acquired congenitally, and it is acknowledged that a constitution which favors their development is often hereditary. They are more hardy than most pathogenic microorganisms and live for many months in the soil although they do not find conditions there favorable for their multiplication. When they invade a diseased lung their environment is so suitable for their rapid growth that they can withstand the assaults of antiseptic drugs and continue to "hold the fort" in spite of our earnest efforts to dislodge them. It is evident, then, that Prophylaxis is of the first importance in dealing with tuberculosis. Preventive measures must be directed to the preservation of such a standard of health in the individual that the bacilli cannot gain a foothold, and to the destruction of the bacilli. Under the first head are such expedients as the forbidding of marriages of the tuberculous or of people who are liable to beget unhealthy children; of perfect sanitary and hygienic conditions for all, and other topics which would require too much time for us to consider to-day. More important than them all, more important than any other question before the medical world to-day is the one "*How can we conquer the Bacillus Tuberculosis?*"

The careful investigations of many bacteriologists have found that this deadly microbe is given off in almost incredible numbers in the sputum of patients in the second and third stages of pulmonary tuberculosis. Nuttall calculated that

* Read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, December 4 and 5, 1895.

as many as four billions were contained in the sputum of one patient for twenty-four hours. A law should be made and enforced forbidding expectoration on the streets, the floor of cars, public buildings, and in fact, anywhere except in proper receptacles which should contain antiseptic fluid and be frequently cleaned. Cuspidors, especially constructed for this purpose, should be placed on street corners and in the parks. The Detweiler cup or some similar contrivance, or old cloth which can be burned after using should be carried by the consumptive when abroad. Our asphaltum pavement is excellent from a sanitary standpoint if it is only kept clean, but it offers a surface on which sputum dries rapidly and soon pulverizes to be inhaled with the dust usually present. This dust settles on meat, fruit, and other food exposed for sale and may readily infect the consumer. Our business streets should be frequently sprinkled and thoroughly cleaned during the day as well as at night. Patients in whom the disease is well advanced should be advised to remain at home under proper sanitary conditions rather than travel about with the hope of receiving permanent benefit from a change of climate. It is better for them to live the brief time allotted them on earth amidst kind friends and with home comforts rather than to die among strangers even in the "Land of Sunshine." If they do come it should be in an apartment of a car or, still better, in a car especially equipped for them. At first it might seem a hardship to require this isolation from other passengers but soon the wisdom of such an arrangement would become apparent. A nurse could accompany such a car and see that proper hygienic measures were enforced. It is a great injustice to other travelers to place them in sections shared by consumptives, for the danger of infection is considerable, to say nothing of the other unpleasant features of close relations with these patients. People afflicted with other infectious diseases of serious character are not allowed to travel in railroad cars and it is but just and right for the general good that proper prophylactic measures be demanded for these cases.

I believe all patients with pulmonary tuberculosis coming to our city should be placed under the inspection of the Board of Health. Cases should be reported at once by the medical attendant or by those who rent them apartments when a physician is not employed, a heavy fine being exacted when this law is not complied with. It is the manifest duty of every physician to instruct such a patient concerning the prophylaxis of the disease and to impress on his mind the danger of communicating it to others. An official of the Board of Health should visit these cases and see that proper rules are enforced. Rooms should be furnished for them on hygienic principles so that they can be easily and thoroughly cleaned at frequent intervals. Carpets and damask curtains and furniture upholstered in plush are to be especially avoided. The rooms should have open fireplaces and not be heated by the popular oil stoves. Cuspidors should be conveniently placed and the patients requested never to expectorate on the floor. I have seen newspapers placed on the floor and the carpet beneath them saturated with expectoration. If the importance of providing such rooms for consumptives could be demonstrated to hotel and lodging house keepers the plan might be generally adopted by them. At the departure of the occupant the Health Officer should be notified and the room disinfected. People must be made to understand that it is absolutely criminal to put a new guest into a room just vacated by a consumptive without proper cleaning.

The county should have a building especially constructed for these patients where they can be isolated and placed under favorable hygienic conditions. A portion of such building should be reserved for pay patients of limited means where they would receive much better care than in the cheap lodging houses and

safely guarded from infecting others. Denver is building a sanitarium for cases of incipient phthisis and Los Angeles would do well to follow her example.

The danger of infection by tuberculous meat and milk is at last receiving proper attention in many of our eastern cities. The recent disclosures made by our Veterinary Inspector to the Board of Health concerning the placing in market of the meat of tuberculous animals demonstrates the necessity of a city abattoir where all animals must be slaughtered and inspected before sold to consumers. It is impossible to properly examine the meat of animals slaughtered at a number of different places which offer opportunities for concealment in case of disease. Then, too, by means of a public abattoir tuberculosis can be traced to certain herds or flocks and so eradicated from regions especially infected by the bacillus. The danger of infection from milk containing the tubercle bacilli is much greater than from meat, and recent reports from inspection of eastern dairies show that an alarmingly large number of cows are tuberculous. Professor Ernst of Harvard has shown that not only is the milk of cows having diseased udders the medium by which the bacilli are conveyed, but that they are found also in the lacteal fluid of tubercular animals having sound udders. Fortunately the disease can be early diagnosed by tuberculin before physical signs give positive information. All dairies, therefore, should be frequently inspected by competent men and a bounty of sufficient amount to cover loss paid for each diseased animal. No tuberculous person should be allowed to attend the cows for the danger of infecting them by means of sputum is great. There is also danger of diseased cattle infecting people in the same way, for it has been found that the discharges from the mouth and nose contains an enormous number of bacilli.

And now in concluding my remarks I would urge on the members of this society the necessity of taking decided measures against the spread of the bacilli tuberculosis in our city, for the preservation of our families and those who intrust their lives to our keeping. It is a reproach to our noble profession that, knowing full well the cause and the means of prevention of that most fatal disease, one that has claimed millions of victims and whose ranks are recruited by five hundred of our fellow countrymen every day, we do not demand and see enforced laws which we know will save thousands of precious lives every year.

Bradbury Block.

TREPHINING FOR TRAUMATIC EPILEPSY. RECOVERY, ONE YEAR.*

BY WM. LEMOYNE WILLS, M.D., LOS ANGELES, CAL.

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Operation upon the skull and contents for the relief of epilepsy is supposed to be one of the oldest in the history of surgery. Because its results were unfavorable, it fell into disuse and for several hundred years was entirely abandoned. It is only within the last ten or fifteen years, since facts derived from experimentation have localized the brain functions and have given the surgeons definite guides, that the operation can be said to have become a rational operation.

Many cases of ordinary epilepsy are traceable to injury of the head and many fractures of the skull have been followed by the development of epilepsy. These cases have been grouped together under the term *traumatic epilepsy*, and it has been thought that the traumatism could be taken as the guiding indication to the surgeon for the operation of trephining.

*Read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles Dec. 4-5, 1895.

From a surgical standpoint, epilepsy is either *traumatic* or *non-traumatic*—and only the former class of cases will be considered in this paper.

Epileptic attacks, ordinarily, do not come on until some months or even years after the accident and the earlier attacks are not only less frequent than the later ones, but are often not attended by loss of consciousness, and only after a time become fully developed epileptic attacks.

Slight accidents may produce epilepsy through the agency of a cicatrix in the dura or in the brain.

If after a compound fracture any portion of the bone remains depressed, it may irritate the underlying cortex and cause epilepsy. For these reasons it is good surgery to treat an injury radically at the time of accident and thus prevent the likelihood of epilepsy, rather than, after its development, to operate for its relief.

The cicatrix if tender may be the seat of radiating pains and sometimes of the aura—and pressure in it may produce a fit, though ordinarily not—Mr. Horsley, especially, has shown not only that such brain scars, scars in dura, cysts, fragments of bone, etc., are presumably the cause of such epileptic attacks, but also that their removal has resulted in relief, if not in cure.

In traumatic epilepsy, if the trauma is shown by scar or injury to bone without a scar, the injury may be either over well known centres, motor or otherwise, or it may lie over the so-called latent zones of the brain.

If the lesion lies over well known centres and the fits are limited to the muscles presided over by these motor centres, the conclusion that it is cause and effect is reasonable.

But since the irritation produced by a scar in the scalp may cause epilepsy, one cannot tell until the scalp is lifted, whether there is sufficient evidence of injury to skull and brain to justify more than an excision of the scar. On account of this uncertainty it is best to prepare for a complete operation as to all minute details, and after incision be in position to carry operation to whatever extent may be necessary. The excision of the scar in a moderate number of cases has been followed by a cure. If a cure does not result, then a more thorough operation should be done to relieve pressure, etc.

If the character of the attack indicates disease in a definite area of the brain, and if the injury of the skull is so located as to coincide with this area, the surgeon has a double indication to guide him as to the site for operation.

If, however, the injury and symptoms do not coincide, it is better to follow the localizing symptoms rather than the surgical injury. According to Starr, there is a class of cases following traumatism in which the epilepsy is of the general type and in which there are no localized symptoms. When these are accompanied by depressed fractures, it is the practice of surgeons to trephine at seat of injury, that being the only guide obtainable.

In those cases in which the lesion does not lie over well known centres of motion, special senses, etc., but over latent zones, the scar should be carefully examined, and the surgeon be prepared to carry the operation to whatever extent the signs of injury indicate—and the condition of the bone renders necessary.

After removing button of bone, the dura should always be opened, and whatever seems necessary done to relieve diseased conditions. The edges of opening should be bevelled on inner side and a large opening made. Some authors advise a $1\frac{1}{4}$ to $1\frac{1}{2}$ inch trephine. Timidity as to size of openings may often prevent success when larger ones would insure it. Must have room for observation and repair of damage present or inflicted as to arteries.

It is very important to do operations for relief of epilepsy at as early a date as

possible, to prevent secondary sclerosis and the formation of the epileptic habit. From 1888 to 1893 trephining for epilepsy had been done over 300 times with few deaths—average mortality 7 per cent.

I have quoted freely from Starr and the American System of Surgery, (whose article on the Brain was undoubtedly written by W. W. Keen, of Philadelphia, one of the best authorities in this country in that department of surgery) is by all odds the most concise articles on the subject I have yet seen.

I now wish to report a case operated on nearly a year ago.

E. O., age 19; slender; not well developed muscularly for age; with a peculiar expression, when looking at you; does not meet your eye; speaks very slowly; slow of intellection; absent minded.

At age of nine (1884) was thrown off a rapidly moving car, on an inclined mining railroad, falling ten feet or more, striking head with great force upon a sharp rock, producing a fracture of skull. Boy was unconscious several hours; was picked up for dead; rallied, and was treated by an old doctor in Arizona, who devoted his attention to healing scalp wounds; apparently not concerned about a possible fracture of skull.

Scalp healed rapidly, bandage was taken off in two weeks, and boy seemed well, though scalp over and about scar was tender and hair had to be combed carefully to avoid pain. The boy did not develop as he should have done, mentally; was very quiet; read much and did not care for companions; no difference in appearance of eyes nor face.

Not until six years after injury did fits come on, began in 1890; though for a year or a year and a half before the epileptic attacks appeared he was very nervous—first attack quite severe. They occurred frequently, from nine to twelve days apart, was unconscious for three or four minutes, would fall and sometimes bite tongue; a general spasm, turned face to left and would often strike head on right side about the temple. After rousing from unconsciousness, would sleep for a time and then awake with a headache.

Would sometimes go two or three months without an attack, at one time ten months, but then was under treatment. The attacks, however, averaged two or three per month. Was under treatment of different physicians; for one year under Dr. Worthington's care, afterwards took Koeing's epilepsy cure, and when I first saw him he was saturated with bromides, had acne rash and pustules over face, neck and scalp; large pustular masses, suppurative. Attacks not prevented by bromides, tho' perhaps limited as to severity and numbers. This history has been gleaned from his mother and family. His mother gave him almost her entire time and regulated his medicine and doses; the chief object being to give large enough doses to prevent the attacks without thinking of effect on stomach and digestion.

First seen by me Nov. 26, 1894.—

Patient carefully examined, stripped, and all causes for nervous symptoms, especially masturbation, considered and excluded. In examining head, a large stellate scar was found in scalp, covering and tied down to a depression $\frac{3}{8}$ inch in depth in frontal bone, $\frac{1}{2}$ inch in front of coronal suture, and 1 inch to right of median line, overlying first frontal convolution. Scalp over depression quite tender. Here was unquestionably a depressed fracture with spicula or projection sufficient to cause pressure, and while not over a region to produce a definite set of symptoms, yet the cause of general epilepsy. An operation for removal of depressed bone while not promising a cure, yet giving patient many chances for betterment, was advised.

The patient was seen by Drs. Lasher and Brainerd, who each independently

advised an operation. Patient sent to Mrs. Davis' sanitarium and prepared for operation. Operation, Dec. 12, '94, assisted by Drs. Lasher, Brainerd, Bryant, C. W. Murphy and R. R. Dorsey. Head had been shaved and disinfected.

Horseshoe-shaped incision right side base at median line, including all tissues except pericranium, which was lifted separately; as there were no symptoms pointing to pressure at a distance from seat of injury, trephine $\frac{3}{8}$ was applied over fracture, pin being put in depression and button removed. Skull very much thickened.

Dura tightly adherent to stellate fracture, 3 lines of fracture and button removed with difficulty, corresponding with depression of outertable; at junction of lines of fracture was seen a rounded conical projection evidently the remains of a spicule, which in present condition projected $\frac{1}{4}$ inch inward. Dura so adherent to prominence that a minute hole was torn, and cerebro-spinal fluid exuded. Dura did not bulge up. Dura was thickened and more than ordinarily adherent to skull. The opening was enlarged to twice size of trephine button by rongeur forceps. No evidence of disease of dura or brain beneath or evidence of paralysis; all present advised against opening dura. Neither button nor bone chips replaced. Pericranium drawn together with catgut. Interrupted silk worm gut sutures in scalp. Iodoform gauze dressing.

The morning of operation patient had a convulsion in water closet, and having locked door, attendant had to climb in window to open door.

During the time in bed, had a slight convulsion during sleep, but so slight he did not wake up and never was told of it.

The clinical record kept from Dec. 12th to 31st shows a very even normal convalescence, the temperature for the first three days ranging between 100° and $100\frac{3}{5}^{\circ}$. Pulse 92 down to 72. At end of first week temperature became normal and continued so. Scalp wound healed under dressing, except at one lower stitch hole where a few drops of pus formed, no further trouble.

Patient kept in bed longer than necessary to insure perfect quiet. Triple bromides given during convalescence, but gradually diminished and tonics substituted. Gave iron, quinine and arsenic. Left hospital January 8, 1895.

Jan. 12th early in morning had a convulsion in water closet fell against door and hit lower end of scar. Jan. 30th had a slight attack in bed, which was the last. Gentle exercise in open air allowed, and afterwards bicycle. In February patient was placed in a private school where he did well until June, his mind clearing all the time, and increased interest in studies shown. Had gone to school little before operation, as confinement and study increased attacks and produced headaches.

Dec. 1, 1895, received a letter from his mother stating condition. Is in Arizona where he has been since June. Rides horseback to and from work, and is working ten hours a day, excellent appetite, good spirits, no headache, gain in strength, no attacks since Jan. 30th, no medicine at all.

J. William White says such cases are "not cured" until three years have elapsed without convulsions, and the more experience surgeons have with such cases the less rosy are their expectations of cure. I do not claim my patient is cured, but the result is encouraging and most satisfactory to date.

127 West First Street.

The College and Clinical Record will hereafter be known under the name of *Dunglison's College and Clinical Record*, a monthly journal of practical medicine.

ENURESIS IN CHILDREN.*

BY E. R. BRADLEY, M.D., LOS ANGELES, CAL.

The breadth of the subject will permit of but a general consideration in this paper, and it is my intention to deal with that form of incontinence so frequently seen in children in which the contents of the bladder are discharged while in an *unconscious* state. In treating of unconscious micturition we deal with many of those conditions recognized as potent in the production of conscious or involuntary urination during the waking hours.

I consider this subject an opportune one for discussion at this season of the year, as the results of our summer treatment of cases is not fully established until the colder weather of winter proves its efficacy.

The prevalence of this condition, its persistency, and disagreeable features, demand for it a careful consideration. A study of this subject and of individual patients leads us to know that we are not dealing with one condition but a symptom common to a large number of conditions. I desire to consider these conditions or causes in so far as they effect our care and treatment of cases and I believe a careful investigation of each case will generally reveal the cause. I feel it due to every case that prompt and radical means should be taken and a thorough search made for the cause to effect a cure.

One reason that this trouble does not receive the attention it should, lies in the fact that the child will probably outgrow it at the time of more complete development; this frequently is the case, but not always. In some, not a few, the trouble persists beyond that period. The causes of incontinence that exist in children sometimes continue to act as causative agents of this disorder in the adult as well. Unfortunately it is usually regarded by those caring for children as the result simply of carelessness or laziness on the part of the child, and not as a trouble requiring medical aid to cure. The little one is often punished severely in the effort to cure him, being subjected to great cruelty, deprived of meals or obliged to sleep upon the floor, victims of a mistaken idea; now, while some children may be careless and lacking in energy I believe that children would seldom be found that would wet themselves and bed, and endure the discomfort consequent upon so doing if they could prevent it. I have had the older children tell me that they have lain awake far into the night, thinking by so doing to shorten the sleeping hours with the hopes of curing the trouble. Some have even said that their happiness would be complete when they had passed the night free from this discomfort.

This class of patients suffer not only from the lack of spirit due to the cruelty of those having them in charge, but also a sense of shame lowering in its tendency. Before children have been cured of this affliction, they do not seem to fully enjoy that happiness and buoyancy which should accompany this period of growth. But I have frequently observed a marked contrast in this respect after a cure has been effected.

According to Trousseau the principal cause of incontinence is a neuropathic predisposition, and in those cases in which periodicity is a decided element, the nervous character of the disorder is most probable.

Féré, in a contribution to the "Pathology of Night," has considered many of these forms of nocturnal, functional disorders, and shows that they are not infrequently associated with the hysterical diathesis. The results of the remedies most frequently having curative effect would seem to strengthen the idea that

*Read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles Dec. 4 and 5, 1895.

this disorder is frequently associated with the nervous predisposition. Even when reflex causes are present the neuropathic tendency may have something to do with the continuance of the disorder. It has also been stated by Trousseau that incontinence may be the accompaniment of severe nocturnal epilepsy, and this probability should be excluded.

In chorea, it is supposed the general incoherence of action is also at times common to the bladder causing inco-ordination between the sphincter and the detrusor forces.

It is well to observe the psychical influence in reference to the cure of enuresis; the patient may dream that he is in a suitable place for urination, the desire of which is impressed upon his mind. The exercise of a strong will does at times exercise a controlling power when there is a strong sense of shame accompanying it; many have sought aid in this way, but it has seldom proven adequate. I am led more and more to believe that a large number of cases have their causes in the pelvic viscera outside of the bladder or still further removed, causing irritability of the bladder or reflex contraction.

I have known long standing cases of forcible nocturnal passing of water associated with forcible expulsion of fecal matter wholly relieved by the separation of preputial adhesions and the removal of accumulated secretions. I believe this condition caused not only contraction of the bladder walls but also of the abdominal expulsive forces. I have frequently observed this functional weakness prolonged very much after the usual time, and accompanied with very slow development of the parts, but after the separation of preputial adhesions and removal of the extra foreskin, the organs take on a rapid development and satisfactory performance of function.

The habit of self abuse I know to be a cause of the continuance of this trouble at least, and I believe an exciting cause where the habit is long continued. I have had special chances to note this fact in my work. I have seen this a cause for relapses in not a few instances and upon having this cause removed and careful watching and supervision given, the cure was easily completed.

I am convinced that female children at times demand such supervision, as the continued irritation of the parts may be caused by the child itself. I have seen incontinence entirely relieved upon allowing a congested condition of the external parts to become alleviated by placing the child in a gown at night open simply at the neck and wrists. Among other influences that are thought to be causes might be mentioned rectal polypi, fissures of the anus and hardened feces. That these are causes I do not feel positive from my own experience, but as irritation of the rectum causes such strong contraction in the day time, it would seem probable that these abnormal conditions should be held at times as accountable for this disorder.

The passage of even a few drops of urine through the sphincter vesicae excites action of the bladder. Based upon this fact and believing relaxation of the sphincter to take place during sleep allowing this entrance, it has been proposed to place the child in a position that will cause the urine to occupy the fundus of the bladder. The bed raised at the bottom to cause an inclined plane from the hips; others have suggested the elevating of the pelvis by placing a large sized pillow under the hips of the child, with a small one under its head. In following these suggestions we find ourselves confronted with difficulties; the restlessness and opposition of the children making it almost impossible to maintain them in the desired position throughout a night or enough consecutive nights to result in a cure. I believe the hip elevation an aid in treatment and worthy of a trial.

Incontinence is more apt to occur when the child sleeps on its back, and so it has been suggested that a sheet be tied around the waist with a knot placed over the spinal column, thus rousing the child by causing pain when that posture is assumed. I have found this method impracticable, as the child will seldom tolerate it if the band is tight enough to hold it in place, or if tolerated would cause unnatural sleep.

There are many other palliative means at our command which aid in our treatment and are well to consider. Regular habits should be cultivated in the children and great excitement avoided. The quantity of water taken during the latter part of the day should be limited, but not wholly restricted as the urine may become loaded with solid constituents to such an extent as to become acrid and be an existing cause. The bladder should be emptied and the bowels evacuated before retiring; if necessary, resorting to a bowel injection to remove any irritation there. The night clothing must be made so as to insure sufficient warmth, and so adapted that they will not become displaced. The child should be taught to sleep in a lateral position. The waking of the child that it may use the vessel during the early part of the night, so frequently resorted to, aids in the prevention of this disorder to some extent, but cultivation of retentive powers during the day to the point short of causing discomfort should make this unnecessary while under treatment.

In the discussion of the therapeutics of enuresis I desire to give a few of my observations and conclusions merely. The action of remedies are usually considered the best tests for revealing which of the two most frequent causes for enuresis exists, whether an exaggerated contractile power of the bladder, or a weakness of the muscular fibres of the sphincter. But I believe we possess a great aid in observing the condition of the parts and their development, and the passing of water which by the force and size of the stream indicates the muscular tone of the bladder, and the condition of the outlet.

The remedy most frequently employed to diminish the functional activity when in excess, and irritability of the muscular coat is *belladonna*. The preparation used, the number of doses given daily, varies greatly; my preference is for the active principle *atropine*, given in a watery solution because less disagreeable and more constant in effect. This I give three times daily, and gradually increase the dose until the toxic effect appears, then I reduce the dose gradually, but maintain the physiological effect one week or longer, forewarning the parents of the toxic effect to be expected. I have used this remedy with success frequently, but all meet cases that will not yield to this treatment after renewals have been made.

If the enuresis be due to lack of tone of the sphincter a very different class of agents is demanded. The two remedies which have been most successfully employed for this purpose are *nux vomica*, or its active principle strychnia, and ergot. In prescribing *nux vomica* or strychnia we need use great care, a very small dose being given for one week, then if no bad effects are noted, and the trouble is still uncontrolled, we should increase the dose. It is unsafe to use this remedy for children under four years of age. I believe *ergot* is a remedy of quicker action and meets the demand more frequently, especially do I believe it to be of use in treating the older boys. The combination of these agents seems at times to give better results than any one alone. These remedies often prove more beneficial when accompanied by cold douche baths and general massage.

Many patients are anemic and generally feeble; debility if not the only causal factor is nevertheless one so powerful that with the use of iron and general restoratives the child recovers. I have found syrup of the iodide of iron the preparation

most useful. There are many remedies from which benefit may be derived but time will not permit of their consideration in this paper.

The use of electricity has been extolled, but my experience in its use has been limited, further than noting the beneficial effect of central galvanism on the general constitution.

I believe that often there is not the pains taken to ferret out the hidden cause of this trouble, and the perseverance used in applying treatment that the exigencies of the case demand. It is a duty we owe to the children to cure all cases as far as possible, and we should consider all available means at our command before pronouncing a case incurable.

Pirtle Block.

BLOOD-LETTING: PAST AND PRESENT.*

BY D. L. BECKINGSALE, M.D., COVINA, CAL.

It will be conceded that while bleeding was altogether too freely and indiscriminately carried out in the past, in the present day it is not practiced at all, under many conditions where it would be highly serviceable. After it was found that the change from an antiphlogistic, of which bleeding was an essential part, to a supporting and even stimulating treatment in all febrile diseases and those of an inflammatory type, resulted in a lessened mortality, and more speedy convalescence, the old practitioner maintained that it was a change of type in disease from sthenic to asthenic, which had alone necessitated a change in treatment.

Sir R. Christian made a strong point in his lectures accounting for this condition. Just previous to the change from a distinctly sthenic to an asthenic type of disease, occurred that sudden transfer of population in Britain from rural to urban life, coincident with the introduction of railways and of steam-propelled machinery in manufactories. This implies a change from pure air amid healthy surroundings to the densely populated and unsanitary quarters and depressing vital influences of the towns and cities. The more varied food of the city took the place of their former plain, wholesome food and especially from being drinkers of malt liquors they became in the mass gin-drinkers.

How very different would be the clinical features in the case of the average man under the changed conditions. No wonder that antiphlogistic treatment in general, and bleeding in particular, proved disastrous.

The statistics compiled by Bennett and others, which told so disastrously against blood-letting, were compiled during the transition period and always from City Hospital practice, the isolated cases in the country not being so available. It is noticeable that the abandonment of blood-letting in England preceded that on the continent of Europe and America by several years and also that the massing together of the people occurred at a correspondingly later date. In Italy and Spain it is not yet abandoned and while it may be urged that this is due to the backward condition in these countries, it must be remembered that there are comparatively few factories and coal mines, and the habits of life have changed less than in northern European nations. It is to be noted that while this transfer of population was going on, the temperance movement was making great strides in England and America, which would also tend largely to render disease less sthenic.

It may be asked, if it is sustained that there has been such a change in the type of disease, as to have rendered blood-letting bad practice, why plead for its restoration? I would reply, that although this change was wrought some fifty

*Abstract of paper read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles Dec 4-5, 1895.

years since, owing to the amelioration of the conditions of life, it no longer applies to the same degree, and furthermore, large classes of people, especially in private as contrasted with hospital practice, escaped such influences entirely. My attention was first called to this in practice in a coal-mining and iron-works district. The principal said, "you will find it necessary to begin treatment on these fellows by knocking them down with a sharp purge, followed by a full dose of tartar emetic," and I found that the men, who were eating full meals of meat three times a day and drinking freely of malt liquors besides, had full, hard pulses, flushed countenances and often throbbing headaches, and the line of treatment indicated by my principal was necessary to bring their complaints under control; at the same time I could not but feel that the same end might have been better attained by blood-letting.

It is instructive to note that Mercury fell under the ban of professional disapproval at the same time and for the same reason as blood-letting, *i. e.*, *abuse*. Mercury has been restored to its proper therapeutic position as an agent, useful when used with circumspection, but very dangerous in excess, the recollection of the evils formerly wrought by its abuse acting as a danger signal to the present generation of practitioners. Blood-letting, on the other hand, has not yet recovered from the oblivion into which it was cast, notwithstanding much has been written in its favor by eminent physicians on both sides of the Atlantic.

The opinion of Dr. Austin Flint, whose experience extends back to the days of blood-letting, is especially valuable. While admitting its former abuse, he states that at the present time it is not sufficiently appreciated. In the early period of an acute inflammation, accompanied by notable pyrexia, it affords relief and may contribute to a favorable progress of the disease, its action consisting in lessening the force and frequency of the heart's action and lowering the arterial tension. He adds, "The useful effects may frequently, if not generally, be obtained by other means which require less circumspection, because injudiciously resorted to they are in a less degree hurtful." In this sentence he plainly shows it is not the remedy which he undervalues but he fears its abuse.

The late Dr. Milner Fothergill wrote: "Bleeding is now almost obsolete, *chiefly in consequence of its abuse*. It is effective in lowering temperature and may be resorted to in rural practice, (unconsciously bearing out Sir R. Christian's contention as to type of disease) when it is desirable to produce an impression quickly and decidedly upon a rising temperature. The error was in excessive abstraction of blood or in the repeating of it to meet the after rise of temperature, instead of resorting to antipyretic remedies. Where its use was followed by the administration of salines and the old fever mixtures, its results were far from undesirable."

Other English physicians who have recently written in its favor are Drs. Ogle, Pye Smith, Broadbent and Wilks. Before quoting from the latter's writings, I would remark, that as the average American is not so full-blooded as the average northern European, it follows that although blood-letting will be found beneficial in a large number of cases, I do not anticipate it will be capable of so wide an application as in Europe.—"As regards bleeding, there cannot be a doubt, that in former times, its use was often attended with a strikingly good result." "When you find the venous system gorged in primary affections of the lungs, or in the secondary affections as in heart disease, or from paralytic conditions as in apoplexy, *you cannot be wrong in bleeding*; you relieve the venous system as well as the heart and allow the circulating apparatus to right itself. The objection sometimes made that the patient is too weak, is futile, since owing to the small amount of blood which reaches the left ventricle to be propelled onwards, the

pulse is naturally small." "As regards cupping, the last case in private practice which I saw was in consultation with Mr. Parrot. The patient was a middle-aged, stout woman, with chronic bronchitis. She was sitting up in bed with great dyspnea, no expansion of lower part of lung and considerable blueness of face. * * He applied the cups *secundem artem* between the shoulders. * * We gazed alternately at the relieved countenance of the woman, and the satisfied expression of the doctor. Although she was not *in extremis*, I believe the cupping saved her life as she was daily growing worse." I cannot refrain from expressing my conviction that a desire to avoid responsibility, a lack of moral courage may account for our not bleeding in suitable cases. I can answer for myself in this regard; the laity regard administration of mercury and blood-letting as the superstition of an unenlightened age, and before bleeding, one likes to feel that he has the full confidence of the patient and his friends.

The extensive use of an ipyretics and vascular depressants, mainly coal-tar derivatives, within the last ten years and their unsatisfactory action is a strong argument in favor of the restoration of blood-letting to its proper position, as being safer, more rational and more satisfactory than any of those drugs. My conviction is that the progress of medicine does not depend solely on discoveries in bacteriology, toxins and chemical therapeutics, but also in culling from the experience of the illustrious dead and assimilating all that is worthy and reliable. As modern medicine has recently revived the use of tepid and cold baths, in all cases of pyrexia, so blood-letting will re-assert its proper position as a remedial agent.

The one great principle in science of the 19th century is that of evolution. Laborers in every department of natural science have found that this is the key which unlocks all problems of the past and applies to every aspect of social and physical advancement. If this fundamental principle is disregarded in medicine and we think to advance more quickly by substituting a series of *revolutions*; each succeeding generation reaching out in various lines without attempting to assimilate, if not actually despising the accumulated experience of the past; medicine will have no solid claim to be regarded as a science; as an art she may yield brilliant results, but will lack that stable fixity and continuity of principle which alone will gain her the confidence of the highest order of philosophic minds.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRs. F. D. AND ROSE T. BULLARD.

THE TREATMENT OF ECZEMA.—(*Occidental Medical Times*, Dec., '95.) Dr. A. B. McKee, San Francisco, calls attention to value of nitrate of silver; in moist eczemas the greater part of the affected area can be cured, and the epithelium perfectly restored by a single application of a 2 or 3 per cent. solution of nitrate of silver. All crusts should be removed, bleeding checked by gentle pressure, and all exudation absorbed by use of cotton pledgets, after which the silver solution should be applied and allowed to dry. Sufficient must be used to form a good coating, and to check all bleeding and exudation. Should any moisture appear subsequently, the application is to be repeated at that point. In Germany, where scrofulous children present frequently an exuding surface involving nearly the whole of the face and scalp, seemingly wonderful cures are effected. At the Heidelberg Eye Clinic, this method has displaced all of the

former salves and other applications. Its field of usefulness is confined to moist, denuded surfaces having a scalded appearance and for such cases it is a specific. It is equally useful in ulcerative blepharitis, and in all eczemas about the various orifices of the body.

PNEUMONIA.—(*Medical Mirror*, Dec., 1895. Discussion at Brit. Med. Assoc.) J. W. Washbourn, M.D. The crisis in pneumonia is of great interest. Often quite suddenly the temperature falls and the constitutional symptoms subside. This is not due to a sudden destruction of the cocci; for living cocci can be demonstrated in the sputa for some time afterwards. There is good reason for supposing that it is due to the formation within the blood of a substance, perhaps improperly called an antitoxin, which protects the body against the pneumococcus. Injection of the blood serum of the patients convalescent from pneumonia is capable of protecting animals against infection with pneumococcus. There are doubtless other factors concerned in recovery, such as phagocytosis and a destruction of the cocci by the fluids of the body. The question is of the greatest importance, for its solution will place us in a position to successfully treat the disease.

Various observers have shown that the blood serum of animals rendered artificially immune possesses the power of protecting other animals against infection and of curing the disease in an early stage. Attempts have been made to apply this principle to the treatment of pneumonia in the human subject, but at present only with partial success. I believe this will only be a question of time, and that ultimately the same success will be attained as has already been obtained in the treatment of diphtheria.

A SERIES OF TEN THOUSAND CASES OF THE SERUM-THERAPY OF DIPHTHERIA.—(*J. A. Med. Assoc.*) Dr. A. Eulenberg, a Berlin physician, presents the following statistics of diphtheria cases treated with anti-diphtheritic serum between Oct. 1, 1894, and March 31, 1895, in private practice. "Out of 10,240 cases reported to him 5790 were treated by the antitoxic serum, and 4450 by other methods. Of the first group 552 died—that is to say, 9.5 per cent.; of the second, 652 died or 14.6 per cent. The compiler is of the opinion, however, that the cases treated by serum were mostly bad cases, while those treated by other methods were not so serious. This inference is rather confirmed by the report of Dr. Kurth, of Bremen, who had only 6.8 per cent. of deaths among patients treated by serum and 24 per cent. of deaths among the others. The statistics show also that the efficacy of the serum treatment is greater when it is begun in the very early stage of the diphtheritic attack. Thus the total death rate where it was begun on the first or second day was 4.2 per cent., while among those who did not receive an injection until the third day, or later, the death rate was four times as large (16.8 per cent.).

THIRST AFTER CELIOTOMY.—(*Am. Jour. of Obs.*) Dr. Wm. Hamistan recommends the following method for overcoming this distressing symptom which is so troublesome after operation in the abdomen: The patient should have the usual preparation—*i. e.*, diet, daily baths, cathartics, etc. For three days prior to the operation, order the patient to drink one pint of hot water an hour before each meal and on retiring, thus drinking two quarts each twenty-four hours, the last pint to be taken three hours before the time set for operating. We thus restore to the system the large loss of fluid occasioned by the free catharsis, and we have the great satisfaction of seeing our patient pass through the trying ordeal of the first thirty-six hours after the operation in comparative comfort, with no thirst, a moist tongue and active renal functions, represented by an ex-

cretion of from twenty-eight to fifty fluid ounces of urine in the first twenty-four hours, catheterization being seldom necessary. This is in keeping with the full character of the pulse noted. It is to be hoped that the method, which is both simple and reasonable, will receive thorough trial and that by it we may avoid a condition that is distressing alike to patient, surgeon and nurse.

SIGNIFICANCE OF GESTURES DESCRIPTIVE OF PAIN IN DIAGNOSIS OF DISEASE.—(*Natl. Board of Health Magazine.*) Van Buren Thorne, B.A. "The moment the question of pain as a symptom of disease is raised," says Prof. W. H. Thompson, "abandon the consideration of every other symptom and trace that to the end. Question the patient in detail as to its character, location, duration and occurrence and note carefully his gestures, descriptive of the pain, for they are of great significance in determining its nature."

The following remarks are based on his observations: If the pain is widely distributed over the whole chest, the patient locates it with a circular rubbing motion of the palm of the hand, indicating diffuse soreness. The pain of a serious inflammation, is described by first drawing the hand away from the body and then, with the fingers close together or with the index finger extended and the others flexed, cautiously approaching the seat of the inflammation.

In appendicitis, the patient does not touch the skin at all, he simply holds the palm of his hand over the diseased area.

With very violent abdominal pain, not inflammatory, the patient slaps himself vigorously across the abdomen. If a child refers a persistent pain to the stomach, and there is no tenderness on pressure; disease of the spine is indicated.

In hip-joint disease the pain will be referred to a point inside the knee.

In the pain caused by the descent of renal calculi or gall-stones, he follows the course with the top of the thumb or index finger. The pain of hepatic neuralgia or "shingles" is indicated with the thumb or finger.

In joint pains, the patient approaches the seat of trouble very cautiously with the hand spread flat.

The degenerative pain of locomotor ataxia is described by grasping the affected area firmly, indicating a band-like pain. Or if the pain is sharp and lightning-like in the leg, the pain-gesture is perfectly descriptive; an energetic downward motion at the same twisting the hand as though manipulating a corkscrew.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

KIDNEY LESIONS WITH SURGICAL TREATMENT. By E. B. Smith, M. D., Surgeon Deaconess Hospital, Detroit, Mich. Extracts from a paper read at the Michigan State Medical Society.—In wounds of the kidney and other accidents, where a suit may be pending, there is always a legal aspect to the case, and to determine whether or not the patient was suffering previous to the accident from albuminuria, is a difficult task. Wounds of the kidney should be treated as wounds found elsewhere; all foreign bodies, such as a bullet or pieces of stone or wood, should be removed. When the wound is an open one, the wound and the surrounding parts should be made antiseptic, the edges of the wound trimmed and the parts brought into opposition by means of catgut or kangaroo-tendon sutures, care being taken not to encroach upon the calices or shut up the calibre of the pelvis. When the wound is not an open one it is to be

treated the same as all internal injuries. If the hemorrhage is such as to cause alarm, I would not wait or delay action on account of syncope, but would make the lumbar incision, trusting to be able to control the hemorrhage if by no other means than nephrectomy or nephrotomy. After the incision, bring the kidney well out so as to obtain a certain control over each leaking vessel.

When from traumatism, direct or indirect, we get an injury to the immediate surrounding tissues of the kidney, causing displacement, place the patient in the supine position and apply a medicated pad, hot or cold as advisable, and retain it in position by a circular bandage.

By means of the wonderful little invention, the cystoscope, we are enabled to obtain the excretory product, as it dribbles from the kidney, note the amount, the normality or abnormality by the same, and the nature of the abnormality. Thus our diagnosis would appear simple and exact, for when the patient complained of pain in the right or left lumbar side with certain clinical phenomena, we would make an examination of the urine. I never hesitate when I get the history of nephritis that has passed the acute stage, where there are local pains, enlargement of the kidney and pus in the urine, to advise an operation and to be at once ready for the same. We must all agree, that nephrectomy or nephrotomy would be the only proper treatment. In all inflammation of the kidney one should be on the look out for suppuration, and where diagnosed, should be operated upon at an early date. This is the case even in pyelitis. The diagnosis of suppuration with degeneration of the kidney is the most important point, but this cannot be quite positively determined.

Given, a case with pus in the urine without urethritis, cystitis or ureteritis, with pains deep in one side of the lumbar region, with a previous history of renal colic, with no marked enlargement of that side, one can be assured this is a case of pyelitis, and by means of the cystoscope, we are enabled to determine the ureter the pus comes down.

Mr. B., St. Clair, gave no definite history of injury or of any acute inflammation in or about the kidney. He had suffered for a year and a half with pains in the left lumbar region, with pains at micturition and a frequent desire to urinate. He had chills and fever, was emaciated and suffered from loss of strength. Upon percussion and palpation, I was able to make out some enlargement of the organ and tenderness. The sitting position, which I recommend to all, I found to be of great avail in my examination and diagnosis. With the assistance of Dr. Gray, of the Oakland House, and Dr. Bradley, of St. Clair, and a southern doctor, I made an incision in the lumbar region down to the cellular tissue. Pressing the kidney from the front to the back, I was enabled by means of my index finger to hook up the lower angle of the kidney and search for the trouble, which I found to be suppuration of the pelvis. After the excavation of a cupful of pus from the abscess cavity, I passed a curette along the exploring finger and after curetting the cavity, it was thoroughly cleansed by means of a rubber tube and iodoform gauze. Dr. Bradley took charge of the case and reported to me from time to time, his last report stating that the patient was entirely well, that the pus in the urine had ceased, and that the wound had entirely closed. It surprised those of us that have never seen an incision made in the kidney to see the great amount of hemorrhage on our first attempt in this direction.—*Leonard's Ill. Med. Journal.*

SURGERY OF THE LUNGS.—(*Medical Review.*) Pulmonary surgery is not only rational but indicated in certain instances (*Rev. inter. de Medicin et de Chir.*); yet, while there are a great many so called surgical diseases of the lungs, only a few can be said to be really so when radical treatment is contemplated. The general approved duty of the surgeon is to ligate bleeding vessels, excise and

extirpate tumors, and provide for the escape of morbid collections. This is not entirely the case in pulmonary surgery. It has rules of its own and does not obey all the laws that are recognized in general surgery.

In the lung eroded or ruptured vessels can not be treated directly by ligation. Neoplasms can not be unhesitatingly removed. The peculiar arterial and venous anatomy of the lungs, their specific physiological function, their inter-relation to and co-dependence on the heart place a *grande reserve* on pulmonary surgery and limit justifiable interference to three pathological conditions, viz., hydatid cysts, gangrene and abscess. When any one of these conditions is present and the diagnosis certain, an operation should be performed at once. Any delay is not a Fabian virtue but becomes a serious sin of omission.

The lungs have very meagre powers of resistance and limitation, consequently any pus forming foci extends rapidly and indefinitely.

Another factor of importance is that spontaneous drainage in the proper place rarely occurs. These considerations render immediate surgical interference imperative. The statistics of operations for gangrene are favorable. The excessive high mortality has been substantially lowered by artificial drainage.

A cardinal rule in lung surgery is to never use the knife in incising lung tissue. All incisions should be made with the cautery, preferably the galvano-cautery. The knife is absolutely interdicted on account of the consequent uncontrollable arterial, venous and capillary hemorrhage. The cautery is used at as low a temperature as possible—a dark red heat.

All antiseptic irrigations have the same dangers from absorption as the peritoneal cavity.

Operations in cases of tubercular cavities have thus far been experimental and have, without exception, hastened the fatal termination. In 100 reported cases of operative treatment of tubercular cavities, 5 died during operation; 70 died within two weeks.

The results of operations and drainage of dilated bronchus are discouraging.

Tumors of the lungs are almost always metastatic, hence an operation can give no substantial aid.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

HYSTERECTOMY IN PUERPERAL SEPSIS—Dr. Bayard Holmes of Chicago, closes an article in the *Journal of the American Medical Association* (Nov. 23, 1895,) with the following conclusions:

1. Puerperal sepsis still causes almost one-half the deaths occurring in the puerperal state.

2. The causes of puerperal infection are the same as the causes of other wound diseases and should be treated on the same principles.

3. Curetting and irrigation are unavailing when the infection has passed outside of the endometrium and submucous connective tissues of the uterus.

4. The removal of the uterine appendages for infection outside the endometrium leaves behind the infected uterus from which the septic process goes on.

5. Removal of the uterus and its appendages should be performed when puerperal sepsis has gone beyond the endometrium.

6. The indications for hysterectomy in puerperal sepsis seem to be these: (a),

curetting and uterine irrigation and tamponade have failed; (b), peritonitis or pelvic cellulitis is present; (c), hopeless localization of infection outside the pelvis can not be found.

7. Hysterectomy may not be helpful in the course of diphtheritic vaginitis and endometritis.

8. Hysterectomy may not be available in cases of rapid early infection.

9. Hysterectomy may not be helpful in cases of septic phlebitis reaching outside the pelvis.

10. The method of operating will depend; (a), upon the size of the uterus; (b), upon the condition of the uterine tissues; (c), upon the experience or choice of the operator.

11. Except in early operations in which the uterus is still large and therefore difficult to manage through the vagina, the vaginal method with the clamps will be preferred because it is a more rapid method, it is less objectionable in the public mind and it furnishes the best possible drainage.

12. When the uterus or its cervical portion are gangrenous, and when the operation is done during the first two weeks after confinement with a subinvolved uterus, the combined operation will be found necessary. The clamps are put on the uterine arteries and the cervix detached through the vagina, and then the abdomen opened and the clamps put on the ovarian arteries and the uterus removed by the abdominal opening. The abdominal wound should then be closed.

"THE SO-CALLED MIDWIFE."—Grothan in the *American Gynecological and Obstetrical Journal* (Dec., 1895,) says: "Physicians practicing in our large cities have learned to associate the midwife and puerperal fever, and regard her as an evil of great magnitude.

The State of Minnesota compels all graduates in midwifery to present their diplomas to the State Medical Board and procure a license for one year only, which can be revoked for improper conduct. If not graduates they are subjected to an examination before license is given. * * * *

Often men of true science and ability are obliged to stand aside by popular opinion and view the malpractice of the ignorant midwife, who undertakes the care of two lives with all their perils."

WEIGH THE BABY.—(*Archives of Pediatrics*, August, 1895.) Dr. Tuley, of Louisville, Kentucky, says that a valuable means of ascertaining the progress of a child, which is too often neglected, is regular weighing. A child, from birth to six months of age, should be weighed weekly, as by this means, almost to the exclusion of all others, we can tell how the child is developing. During the first week there is generally loss in weight, but by the end of the second week the child should have regained its birth weight, and if there is a gain of less than four ounces weekly, or a stationary weight, we know there is some fault with its nutrition, either in the quantity or quality of the milk which it receives, or its power of assimilation.

INFANT FEEDING.—At a recent meeting of the San Francisco County Medical Society, as reported in the *Occidental Medical Times*, Dr. W. F. Cheney read a paper in the course of which he condemned all the prepared artificial foods on the market and recommended the Rotch formula where the mother could not nurse the child. Dr. Cheney said that mothers usually fed their children altogether too often. At first the interval should be about one and a half hours, at six weeks, give food every two hours; three months, every three hours; and at six months give every four hours and keep it there. At first the mother

will object and declare that you are starving the infant, but she will soon see how much better the child thrives if so fed. Now, as to the manner of feeding. We all know that we have seen failures in infant feeding, both in private and in clinical practice, not due to quality, quantity, or irregularity, but due to bolting the food. We cannot do so ourselves unless we suffer thereby. The child is given the bottle and literally "swills" it down, a whole bottle full, which is frequently the source of an attack of indigestion. The nurse or mother should handle the bottle and allow the child ten or fifteen minutes to drink it. At first both child and mother may object, but the child will steadily improve under this deliberate manner of feeding, and the parents will keep it up, as they should.

Dr. C. G. Kuhlman said: In laying down rules for the artificial feeding of infants, we must take two things into consideration. In syphilitic and consumptive children we have no rules. In Northern Europe and in Sweden, for the first few days of its life, the infant is given fennel seed tea. After this a preparation is made from dry wheat bread, similar to "zweibach." This is put in a small cheese cloth bag, and on this the baby sucks all day. This is the only artificial food these babies get and they are healthy. I do not doubt that the Vikings of old were thus fed in their infancy. I do not believe much in the many foods on the market. Farina is my favorite food for infants; one part of farina and three parts of water, boiled for ten minutes, makes an excellent food, excelling all the artificial foods in nutriment; and a little soda may be added if acidity exists. The speaker regretted the absence of wet nurses in this country, such as were readily obtainable in the old world.

Dr. K. Pischl: It may be of interest to mention that in the rural regions of the Tyrol, the child is given, on the second or third day, a mush made of wheat; in the cities, where the physicians have more supervision, and where the people have been better educated, this practice is not so prevalent. The children seem to be healthy, but I do not know whether we can draw the conclusion that it is because they eat this food that they live, or whether it is merely a case of the survival of the strongest. The infant mortality is terrible in that country. I believe about one-third of them die. There is hardly any family, having six or ten children, but have lost one-third or more of them, and nearly all in infancy.

Dr. Cheney in closing the discussion very justly claimed that Kuhlman was starving his babies by giving them farina the first few weeks of their lives.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

ASTHENOPIA, NEUROLOGICAL ASPECT.—(*Med. Rec.* Dec. '95.) Dr. Gradle closes an article on this subject with these words: The duty of the physician is not entirely fulfilled if he contents himself with a prescription for glasses for the relief of unproportionate or excessive asthenopia. Whatever real benefit can be obtained from spectacles the patient should certainly receive. But glasses after all are merely optic "crutches" which in vigorous health are not necessitated by the lower degrees of ametropia. Whenever we find the complaints of the patient out of proportion to his optic defect, we should search for the influences which have undermined his powers of resistance, and remedy them if possible. * *

AMBYLOPIA, CHOCOLATE.—(*Med. Rec. Dec.*, '95.) Wood reports a case of amblyopia or amaurosis from chocolate drinking. The reporter can also report a case, that of a dealer in Los Angeles, who had temporary amblyopia from coca drinking.

IRITIS, GONORRHEAL.—(*B. M. J. Dec.*, '95.) Dunn. Gonorrheal iritis never occurs unless there has been a joint affection.

COUGH, HOW TO TREAT.—(*N. Y. J. Dec.*, '95.) Geer recommends in most all kinds of cough a combination of pulv. antikamnia gr. $4\frac{3}{4}$, and codeine gr. $\frac{1}{4}$ every 4 hours.

NASO-PHARYNGEAL CATARRH.—(*J. A. M. Assoc. Nov.*, '95.) Freudenthal. One of the causes of naso-pharyngeal catarrh is the faulty manner in which our houses are warmed in winter. The atmosphere should be kept humid, should be 50° to 60° relative humidity. It is in most cases not over 40°. The mucous membranes of the air passages require a certain humidity in order to keep up functions. If this is wanting, they will in time become dry.

EAR MASSAGE.—(*Atl. Med. Weekly May*, '95.) Lauterbach. Massage has improved the hearing and relieved the tinnitus in over 90 per cent. of his cases of non-suppurative diseases. In about half of the cases the vertiginous symptoms were removed. He thinks the bones should not be removed until the patient has had at least three months' treatment.

CAMPHOR-MENTHOL.—(*J. A. M. Assoc. May*, '95.) According to Bishop, this combination has proved of great benefit in coryza, hay fever, acute laryngitis, bronchitis. For home treatment a three per cent. in lanoline. In sensitive persons weaker solutions are used.

EAR; ECZEMA OF THE EXTERNAL AUDITORY CANAL.—(*Annals Oph. Oct.*, '95.) Hermet considers nitrate of silver the best agent to employ after having thoroughly cleansed the canal by means of washings of boiled water; he tampons the canal with cotton soaked in a solution of one to ten, leaving it in 24 hours, once using seems to be enough.

EAR; ACUTE ATTICAL DISEASE.—(*Med. Exam. Sept.*, '95.) Tansley advocates the free division of the tissues overlying the attic as soon as these tissues are seen to be markedly reddened, without waiting for bulging, claiming in this way to cure many cases that would otherwise run into mastoiditis.

CORRESPONDENCE.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Dec. 3, 1895, the following were granted certificates to practice medicine in this State.

BADILLA, J. C., 4169, San Francisco, Med. Dept. Univ. Cal., July 13, 1895.

BARLOW, W. J., 4170, San Diego, Coll. Phys. & Surg., New York, June 8, 1892.

BEEBE, CHAS. E., 4171, (2nd certificate) Watsonville, Med. Dept. Willamette University, Tenn., Mar. 26, 1883.

DAMERON, JNO. D., 4172 San Francisco, Missouri Med. Coll., Mo., Mar. 28, 1894.

DUNN, BERKELEY SHERWOOD, 4173, Los Angeles, Bellevue Hosp. Med. Coll., N. Y., Mar. 13, 1884.

ELLIS, JAMES MCC, 4174, San Francisco, Louisville Hosp. Coll., Ky., June 18, 1894.

FELPELLO, EUGENIO, 4175, San Jose, Univ. of Turin, Italy, Nov. 2, 1894.

FOX, CHARLES WILLIAM, 4176, San Francisco, Louisville Med. Coll., Ky., Mar., 1850.

HAGAN, RALPH, 4177, Los Angeles, Coll. Med. Univ. Southern Cal., June 1, 1885.

- HAWKINS, GEO. A., 417S, Los Angeles, Coll. Med. Univ. Southern Cal., June 4, 1895.
 HIXSON, LEVI JAMES, 4179, La Salle, N. Y., Univ. Trinity Coll. Toronto, Canada, April 3, 1888.
 MEREDITH, JESSE T., 4180, Cedarville, Kentucky School of Med., Ky., June 26, 1879.
 PETTY, ROBERT A., 4181, Oakland, Med. Coll. of Alabama, Mar. 15, 1872.
 PIERPONT, E., 4182, Nordhoff, Chicago Med. Coll., Ill., Mar. 18, 1880.
 RICE, LEONARD E., 4183, San Jose, Trinity Med. Coll., Canada, Apr. 11, 1890.
 " Univ. " " 12, "
 ROCKWELL, HENRY B., 4184, Oneonta, Med. Dept. Univ. Pennsylvania, Mar. 15, 1881.
 ROYLES, J. T., 4185, Woodland, Med. Dept. Vanderbilt Univ., Tenn., Mar. 1, 1886.
 SMITH, SAMUEL F., 4186, Bakersfield, Coll. Med. Univ. Southern Cal., June 4, 1895.
 CALKINS, GEO. H., 4194, N. Tonawanda, N. Y., Med. Dept. Univ. Buffalo, N. Y., May 2, 1893.
 WALRATH, GEO. B., 4188, Los Angeles, Coll. Med. Univ. Southern Cal., June 4, 1895.
 WALTER, WILL. P., 4189, Oceanside, Med. Dept. Univ. Michigan, Mar. 6, 1892.
 WITTEN, EDWARD WALTER, 4190, San Jose, Med. Royal Coll. Surg., England, Mar. 28, 1856.

At a meeting held in San Francisco Dec. 30, 1895, the following were granted certificates:

- ANDERSON, GUSTAVE E. F., 4191, San Francisco, Rush Med. Coll., Ill., Mar. 28, 1893.
 BARNARD, THOMAS P. C., 4192, N. Tonawanda, N. Y., Med. Dept. Univ. Buffalo, N. Y., May 3, 1892.
 CALHOUN, S. F., 4193, New York, Med. Dept. Univ. City of New York, May 4, 1895.
 CALKINS, GEO. H., 4194, N. Tonawanda, N. Y., Med. Dept. Univ. Buffalo, N. Y., May 2, 1893.
 CARVETH, ANNIE E., 4195, Redlands, Trinity Univ. Ontario, Canada, June 27, 1893.
 CATHERWOOD, CLINTON H., 4196, San Francisco, Dartmouth Med. Coll. N. H., Nov. 26, 1895.
 FEHLEISEN, FREDRICK, 4197, San Francisco, Univ. of Wurzburg, Germany, July 16, 1877.
 FORGET, A. J., 4198, Los Angeles, Univ. of Louvain, Belgium, Feb. 16, 1894.
 HARWOOD, WM. E., 4199, Redlands, Rush Med. Coll. Ill., Feb. 24, 1880.
 HAYWARD, HENDERSON, 4200, Los Angeles, Med. Dept. Georgetown Univ. D. C., Mar. 2, 1869.
 KELLEY, G. WALLACE, 4201, San Francisco, Harvard Med. Coll. Mass., June 26, 1878.
 LAIRD, J. WILLIAM, 4202, Pasadena, Baltimore Med. Coll. Md., Apr. 15, 1891.
 LAY, F. H., 4203, Golden Gate, Bellevue Hosp. Med. Coll., N. Y., Mar. 1, 1878.
 MCCLINTOCK, THOS R., 4204, Los Angeles, Medical Coll. of Ohio, Mar. 1, 1870.
 MCCORD, D. P., 4205, San Francisco, Marion-Sims Med. Coll. Mo., Mar. 20, 1894.
 MENNET, O. H., 4206, Los Angeles, Medical College of Ohio, Mar. 2, 1874.
 POTTS, J. S., 4207, (lieu certificate) San Jose, Coll. Phys. & Surg. Keokuk, Ia., Feb. 13, 1877.
 ROBY, THOMAS A., 4208, Ventura, Jefferson Med. Coll. Pa., Mar. 29, 1884.
 VREELAND, H. E., 4209, Los Angeles, Rush Med. Coll. Ill., Mar. 31, 1891.
 WEIR, F. A., 4210, Pasadena, Rush Med. Coll. Ill., Feb. 25, 1879.

The following graduated at Cooper Medical College, Cal., Dec. 5, 1895.

- AUSTIN, MALCOLM, O., 4211, San Francisco.
 BLODGETT, WALTER LEROY, 4212, Sacramento.
 BOIDO, ROSA MEADOR GOODRICH, 4213, San Francisco.
 BURGESS, GEO. W., 4214, San Francisco.
 CAMPBELL, EDGAR O., 4215, Santa Barbara.
 CARTER, RICHARD HENRY, 4216, Chico.
 CHURCH, FRANK H., 4217, San Francisco.
 CROSS, CHAS. V., 4218, San Francisco.
 CROTHERS, WM. H., 4219, San Jose.
 DODGE, CLARENCE W., 4220, Oakland.
 DORR, WM. R., 4221, San Francisco.
 VAN DYKE, E. C., 4222, San Francisco.
 FISH, MARY A., 4223, San Rafael.
 GLASER, EDWARD F., 4224, San Francisco.
 GRAY, FRANK PIERCE, 4225, San Francisco.
 GREGORY, LESTER C., 4226, San Francisco.
 HABUTZEL, CHAS. E., 4227, San Jose.
 HARMS FREDERICK W., 4228, Pleasanton.
 HARRISON, EMILY G., 4229, San Francisco.
 HESSER, GEO. T., 4230, Calistoga.
 HILL, EDMUND E., 4231, San Francisco.
 HUGHES, JAMES W., 4232, San Francisco.
 JORDAN, FISHER RANDALL, 4233, Oakland.
 KODAMA, RIMPAY, 4234, San Francisco.
 KORTS, BENJ. F., 4235, San Francisco.
 KUSEL, ELI ABRAHAM, 4236, San Francisco.
 MAHONY, MARGARET J., 4237, San Francisco.
 MEIERDIERKS, WM. A., 4238, San Francisco.
 MEINHARD, THEODORE L., 4239, San Francisco.
 MOORE, JOHN C., 4240, San Francisco.
 NELSON, NEAL M., 4241, Alameda.
 O'CONNOR, JAMES H., 4242, San Francisco.
 OLMSTEAD, AMOS C., 4243, Oakland.
 REESE, R. E., 4244, Berkeley.
 RUNWELL, M. E., 4245, San Francisco.
 SCHLAGETER, H. J., 4246, San Francisco.
 SEXTON, CHAS. R., 4247, University.
 WALTER, HENRY F., 4248, San Francisco.
 WALTERS, HARRY S., 4249, San Francisco.
 WYNORE, W. W., 4250, San Francisco.
 PARTRIDGE, HARRY, 4251, San Francisco.

CHAS. C. WADSWORTH, Secretary, 518 Sutter Street, San Francisco.



VIEWS AT JACKSON'S NAPA SODA SPRINGS - The Home of Napa Soda Mineral Water.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

SALUTATORY.

THE SOUTHERN CALIFORNIA PRACTITIONER has just completed ten years. It was founded in Jan., 1886, by Drs. Walter Lindley, Joseph Kurtz and J. P. Widney. After three years Dr. Widney retired and Dr. H. Bert. Ellis became editor and proprietor. For the last two years Dr. F. D. Bullard has also been an editor and proprietor: last year the department plan was introduced with such satisfaction that it will be continued this year; Joseph and Carl Kurtz in Surgery, Wm. D. Babcock in Eye, Ear, Nose and Throat, Walter Lindley in Obstetrics and Gynecology, H. G. Brainerd in Nervous Diseases, F. D. and Rose T. Bullard in Medicine and F. A. Seymour, associate in Editorial and Review Departments.

We shall occupy the same field as before, report society proceedings, publish meritorious papers, and try to make the PRACTITIONER both a thorough local medical journal and also such a medium of discussion of climatology as to be of more than sectional interest. Indeed the number of applications we receive from eastern physicians indicates

that many people have their eyes turned to the land of the setting sun. The past year has seen the birth of one medical journal in Southern California and the death of another; we shall let neither the christening nor the wake disturb us, but enter our second decade with best wishes to all.

A CORRECT MOVE.

The physicians of London, Ontario, have entered into a just and much needed combination, refusing to do *contract lodge practice*. The opinion of the PRACTITIONER on this abominable custom is well-known. We think that some such agreement ought to be made in Los Angeles. It is against the spirit of our laws and the societies should make contract lodge practice a specific medical *sin*. The idea of giving medical services for one dollar or two and a half dollars a year—better far to give the services outright! Some very good men are thus cheapening their own and others' services, and we think that they will only be too glad to get a good excuse to drop their lodge practice, if the County Society comes out and specifically denounces this evil. The older men, who are well established, are not much damaged by this custom; but they ought to help the younger practitioner, who is trying to obtain professional advancement in a legitimate way.

WORLD'S CONGRESS OF MEDICO-CLIMATOLOGY.

The object of the Congress is to make a thorough, careful, scientific and systematic classification of the climates and resorts of the world, and particularly of the United States, as regards their therapeutical value in all forms of disease. Also to examine into the merits of mineral waters and properly classify them.

This should appeal to all practitioners, but more especially to the physicians resident in *the one all-the-year-round climate* of the world; and we take pleasure in calling attention to it.

A national meeting of the Congress will be held every year; an international meeting every five years; the national being merged into the international the fifth year. Next international meeting will be held in 1900.

A national meeting of the Congress will be held in San Antonio, Texas, beginning Feb. 20, 1896, and continuing for three days. Papers will be read by many of those in attendance, and the proceedings of the Congress will be very interesting and instructive. All physicians in good standing are invited to attend. Membership fee is only \$5.00 for five years, payable in advance. Printed copy of constitution and by-laws will be sent upon application, with other matter relative to the Congress.

A few reasons for joining the Congress:

1. To acquaint you with facts in climatology as relating to the etiology of diseases and as a therapeutical agent.
2. Enabling you to apply this knowledge so as to give your patients the benefit of it.
3. To set forth the advantages of your own section or state as regards its climatic advantages.
4. To enable you to become acquainted with your brother practitioners in other sections of the country, and exchange views with them.
5. To afford you the opportunity to investigate climates and health resorts for yourself, when attending the annual meetings which will be held in various seasons of the year in different sections of the United States, and at the same time enable you to see the country.

THE NEW COLLEGE BUILDING.

On Friday, Jan. 3rd, the new Medical College building was formally opened. The Los Angeles County Medical Association held its annual meeting in the amphitheatre. There was a goodly attendance of nearly a hundred and fifty physicians. They inspected the building and were well pleased with the new and commodious quarters of the college. On the first floor there is a large waiting room with rooms for four clinics, for the janitor, and for the faculty, besides a large dispensary and amphitheatre. The second story contains two lecture halls, chemical laboratory and waiting rooms both for men and women. (Let us be thankful that it is yet customary to speak of *women* physicians and not *lady* physicians.) On the third floor there is a large dissecting room besides physiological and pathological laboratories and museum rooms. The whole building is well lighted, ventilated and warmed. A hospital in connection with the college is a thing of the near future, and the institution will then be well equipped for medical instruction.

WOMEN AS INTERNES.

From the Los Angeles Medical College there have been fifty graduates, nine of whom are women. Of the fifty, four are dead, four hold official positions, two are missionaries, three are now internes and thirty-seven of the other thirty-eight are actively engaged in the practice of medicine. Three of the women graduates have been internes and two of these resident physicians afterwards in the Children's Hospital in San Francisco. This speaks well either for the graduates themselves, or for the college here, or perhaps for both. There will doubtless be a chance next year for the students from this school. It is a fault of women that they do not appreciate the value of internships enough. If they are unwilling to do the drudgery of early professional life, they had better stay out of it altogether. Women are fitted

to become physicians only by *fitting* themselves. Doctors are made, not born. The opportunity for hospital work is open to them, and if they do not improve it, they do not deserve success. We speak advisedly, for we know there is now a need of more internes in the hospital above mentioned, and men are asking for the opportunity which, we understand, is being neglected by the women.

EDITORIAL NOTES.

DR. HENRY SHERRY, recently of Chicago, has located in San Diego.

DR. C. F. MILLER has returned to Ventura for the practice of his profession.

DR. E. H. SPOONER, of Brooklyn, N. Y., will make Pasadena his future home.

DR. E. J. HADFIELD, of Philadelphia, is in Pomona and will probably locate there.

DR. T. J. DILLS, after several months visit throughout California, has located in Pomona.

DR. I. H. FULLER, of Chicago, has located in Los Angeles and has his office in the Muskegon.

DR. C. L. BARD, of Ventura, has returned home, much improved in health by his eastern trip.

An Allison table in excellent repair for sale, cheap. Address *Practitioner*, 107 N. Spring St., Los Angeles.

THE annual meeting of the Atlantic and Pacific Railroad Surgical Association took place at Needles Jan. 8th.

DR. LARZALERE, of National City, has been appointed surgeon for that section of the Southern California railroad.

DR. R. A. CAMPBELL has returned to Pomona from Pasadena and has formed a partnership with Dr. T. L. Johnson.

DR. WILL WALTER, who had charge of Dr. H. Bert. Ellis' practice last summer, during the latter's illness, has moved to Los Angeles.

AN International Sanitarium Association has been formed at Nogales, Arizona, with the object of establishing an international sanitarium there. Dr. Chenoweth is interested in the enterprise.

THE Western Reserve Medical Journal will hereafter be known as the *Cleveland Journal of Medicine*. The Cleveland Medical Society, with a membership of over three hundred, has placed in their charge the publishing of its proceedings. The new journal will aim impartially to represent the whole profession of the state.

THE Orange County Medical Association has elected the following ing officers for the ensuing year: Dr. W. B. Wall, president; Dr. Allingham, vice-president; Dr. G. J. Rubleman, secretary; Dr. J. R. Medlock, treasurer.

DR. D. L. SHRODE, a graduate of the Medical Department of the University of Southern California, class of 1893, died at Duarte, Jan. 10th, of tubercular meningitis. He was a young man of much promise and his early death is a sad blow to his family. The PRACTITIONER extends its sympathy.

DR. W. F. WINCHESTER has been elected county physician for Santa Barbara County. The following were elected county physicians in their respective towns: Dr. Z. W. Saunders at Lompoc, Dr. T. E. Cunnane at Santa Ynez, Dr. W. Marquis at Carpinteria, Dr. O. P. Paulding at Santa Maria and Dr. J. W. Graham at Los Alamos.

THERE was an addition to the medical fraternity of Tucson yesterday morning. Dr. Whitmore reports the arrival of an assistant. The latter, however, will not enter upon practice immediately. His name is W. V. Whitmore, Jr., and he weighs about eight pounds. He refuses to be classed among the "one lungers." The doctor has been treating his numerous friends to quinine and asafoetida.—*Tucson Citizen*, Oct. 22, 1895.

A MATTER of great importance to physicians and insurance companies has been decided in the circuit court at Battle Creek, Mich. The question came up over the application of a life insurance policy of \$20,000 on the life of a citizen of Detroit. The company learned after its issue that the applicant had misrepresented his physical condition and began suit to annul the policy. It was ascertained that he had been treated at Battle Creek. The physician who treated him was subpoenaed, but refused to testify or answer any questions, on the ground that a physician's relations to his patients are sacred and that he could not be compelled to testify in regard to the ailments with which his patient is afflicted. Judge Smith ruled that the physician must give his testimony and issued an order accordingly.—*Ex.*

THE annual report of the secretary of the Los Angeles County Medical Association shows that they have now 108 active members and 12 honorary members. Fifteen members were received during the year: Drs. C. H. Whitman, F. C. Hutchins, H. M. Pomeroy, Wm. Allan, Louise M. Harvey, Tom B. Moore, W. Seymour Davis, F. E. Yoakum, J. M. Armstrong, W. W. Murphy, Mary Scott, R. F. Clark and J. F. T. Jenkins of Los Angeles, Dr. L. N. Wheeler of Monrovia and Dr. Chas. Lee King of Sierra Madre Sanitarium. The following committees were appointed at the last meeting by the presi-

dent, Dr. H. G. Brainerd: Auditing Committee, Drs. A. Davidson, J. H. Davisson and W. D. Babcock. Board of Censors, Drs. Walter Lindley, H. Bert Ellis and F. O. Yost. Committee on Rooms and Library, Drs. Wm. Dodge, W. W. Hitchcock, W. W. Murphy, E. R. Smith and Rose T. Bullard.

The special attention of our readers is called to the advertisement of the Palisade Manufacturing Co. on page 1 of this issue.

The prize contest which this well known firm announces will no doubt attract a great deal of attention, and result in the submission of many articles of merit on "The Clinical Value of Antiseptics both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the *New York Medical Journal*, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of the prizes.

We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor.

Further particulars as to conditions, etc., can be obtained by addressing the above named firm.

RESOLUTIONS ON THE DEATH OF DR. EUTHANASIA S. MEADE OF SAN JOSE.

*Adopted by the Women's Medical Club of California at the regular meeting,
Dec. 14, 1895.*

WHEREAS:—Death has removed from our midst Dr. Euthanasia S. Meade, the pioneer woman physician of the Pacific Coast and the first President of this Club, and

WHEREAS:—In the death of Dr. Meade, the Medical Profession has lost an able, scholarly and conscientious member, her patients not only a wise and sympathetic physician but also a true and loyal friend, and

WHEREAS:—We, members and associates in the Medical Profession, appreciating the brave heart and courageous spirit undaunted by all the prejudice and obstacles in the way of the honorable pursuit of her chosen profession in pioneer days, thereby making the path easier for us who have followed, therefore be it

Resolved:—That while we bow to the inevitable and know that the doctor has simply answered the call of the Great Physician, we sincerely mourn her loss.

Resolved:—That we sympathize deeply with her many friends in this sad bereavement and assure them that her work shall ever live.

Resolved:—That these resolutions be spread upon the minutes of this meeting in full, a copy sent to the Medical Journals of the Coast and to her relatives.

Resolved:—That when we adjourn, we do so to the memory of the late Dr. Meade.

Respectfully submitted,

MARY B. RITTER,
SARAH I. SHUFEN.

BOOK REVIEWS.

SUPPLEMENT TO THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY.

Edited by JOHN ASHURST, JR., M.D., LL.D., Philadelphia. One royal octavo volume, of 1,136 pages, illustrated by numerous wood-engravings and a chromo-lithographic plate, cloth, \$7.50; leather \$8.50. To subscribers to the entire set, cloth, \$6.00; leather, \$7.00, and half morocco, \$8.00.

The object of this volume is to be first a supplement to the International Encyclopædia of Surgery, of which series it forms the seventh volume. It is not "an ephemeris of theoretic knowledge, but rather a trustworthy digest of accepted and established facts." Care has been taken to avoid repetition, hence some subjects in this book receive but summary attention, while in other directions so great has been the advance of the last seven years that the supplemental chapters are longer than the original articles. This is especially true of cerebral surgery, which is treated in a seventy page article by Keen, professor of surgery at Jefferson. Forty-eight surgeons have contributed to this work and have made it a conservative and thoroughly modern resume of this branch of medicine. Every one owning the previous volumes will of course purchase this to bring his library up to date. But it is just as useful and important to every surgeon, for it is a supplement to any and all surgeries two years old. It is of like size and make-up as the other volumes.

Every one is familiar with trephining for epilepsy, but Keen states it has been done for headache and even idiopathic insanity. Indeed to fully criticise Keen's article would require as much time and space as is usually devoted to an entire volume.

Another article of great importance is the one on tumors, by Farquhar Curtis, which is 100 pages long. It is followed by an excellent bibliography. Diseases complicating wounds by Kiliani, and diseases of the joints, by Lovett, are subjects which receive considerable attention. Dr. Fred Kammerer has an excellent article on wounds and wound treatment, which is modern in directions for attaining thorough asepsis.

After many articles there are numerous foot-notes, giving references, all of them of recent date. This enables the reader to further investigate the subject if he desires. Indeed, taken all in all, this number is a worthy addition to the exhaustive encyclopædia it supplements.

ELECTRO-THERAPEUTICAL PRACTICE. A ready reference guide for physicians in the use of electricity, by Chas. S. Neiswanger, Ph.G., author of "Suggestions in Electro-Therapeutics," Professor of Electro-Physics, Post Graduate Medical School of Chicago. E. H. Colgrove & Co., 52 Randolph street, Chicago, 1895. \$2.00.

This book is right to the point, giving plain rules for procedure in all diseases and conditions for which electricity can be employed, stating kind to be used, positions of poles, strength of current, length of seance, frequency of repetition. It does not deal with theory nor pathology. The subjects are arranged alphabetically, and receive from a half dozen lines to a page of condensed information. The book has flexible cover; and is interleaved for notes. Every one using electricity at all ought to have this concise, yet accurate manual of practical electro-therapeutics. It is the only thing we have seen which strikes the nail on the head every time and wastes no blows at all.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES, by Arthur Van Harlingen, Ph.B., (Yale.) M.D., Emeritus Professor of Dermatology in the Philadelphia Polyclinic; Dermatologist to the Howard Hospital. Third edition, enlarged and revised, with sixty illustrations, several of which are in colors. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1895. \$2.75.

This is a work for quick reference for the general practitioner. It deals with

description, diagnosis, and treatment, touching but lightly on etiology and pathology, not because the author loves these less, but because he loves the former more, and because it is "what is it?" and "how shall I treat it?" that first appeals to the practitioner. The work is especially strong in its tables of differential diagnosis, a method which places before the reader the points of agreement and difference so forcibly as to make the information stick. For the sake of simplicity and quick reference, the author in this book makes no extensive attempt at classification, and arranges the diseases alphabetically. This is a book which is midway between the quiz compends and the larger classics. It gives all the facts of the the latter but deals not at all in disputed questions. It is illustrated somewhat, indeed as good as many of the larger books. It borrows a page of plates from Morrow's Atlas of Skin Diseases, on the exanthemata, but in making the pictures smaller they have lost the nicety and accuracy of the originals. Van Harlingen is a good writer, and this book will be well received.

PREGNANCY, LABOR, AND THE PUERPERAL STATE. By Egbert H. Grandin, M.D., Consulting Surgeon to the New York Maternity Hospital; Consulting Gynecologist to the French Hospital, N. Y., etc.; and George W. Jarman, M.D., Obstetric Surgeon to the New York Maternity Hospital. Gynecologist to the Cancer Hospital, N. Y., etc. Illustrated with forty-one (41) original full-page photographic plates from nature. Royal octavo, pages viii, 261. Cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street.

This book is eminently practical and adapted to clinical purposes. The illustrations are full-page plates taken from nature, and are very wisely selected. The book is brimful of just what the practitioner most desires to know—what he shall do and how he shall do it. There may be and there are differences of opinion among obstetricians on these vital questions, but the opinion of the authors are clearly stated and stoutly maintained, even though they may be quite contrary to the ordinary teaching, for instance they are very much opposed to the rolling of the membranes into a cord when delivering the placenta, page 159. For post partum hæmorrhage they regard as "the one certain means of controlling the hæmorrhage—the intra-uterine tamponade." This should be made of aseptic gauze two inches in width and five yards long. The following is the plan of the work: Part I; Diagnosis, Duration, Hygiene and Pathology of Pregnancy, Diagnosis of Presentation and Position of Fœtus. Part II. Mechanism, Clinical Course and Management of Labor (both normal and abnormal), Care of Newborn Infant. Part III. The Normal and Pathological Puerperium and Index.

This book has for its aim the practical instruction of senior students, who are supposed to be already well grounded in anatomy, physiology, embryology and pathology, and it deals with *facts*, and theory is inserted only when essential to the understanding of the case. Hence it is that this is a book well fitted to the need of the general practitioner who wishes to secure without loss of time the essential facts needed for actual cases. For both these classes this book is just the thing needed.

A NOTABLE ENTERPRISE.

It is just a year since Charles F. Lummis, the well-known explorer and writer, who had recently returned from an important expedition to South America, took the editorship of the Land of Sunshine, a monthly magazine published in Los Angeles, and representative of California and the Southwest. The matter was widely noticed in the newspapers and literary periodicals of the East, and the young magazine—then six months old—began to be quoted extensively in Eastern publications. There was some doubt if a magazine of locality could be made to succeed, but Mr. Lummis' faith has been that in this age of intense competi-

tion specialization is the keynote of success in magazines, as in all other business and the result seems to be justifying the view of that writer. The magazine has doubled in circulation and multiplied by a still larger figure its influence. It has forced a foothold in the East, where it is not only on sale at the news-stands but is read for its interest and quoted as an authority on the Southwest. It already number among its contributors such names as Mrs. Fremont, Mrs. Custer, Margaret Collier Graham, Joaquin Miller, Charles Warren Stoddard, John Vance Cheney, C. F. Holder, T. S. Van Dyke, Grace Ellery Channing, Flora Haines Longhead, Charlotte Perkins Stetson, C. D. Willard, and many others, and is furthermore finding out and bringing out a little band of new writers of much promise.

The Land of Sunshine is a prophet honored in its own country, as is shown in most substantial wise by the business men who have formed a corporation to carry it on. Among them are D. Freeman, owner of the great Centinela rancho, a railroad director and ex-president of the Los Angeles Chamber of Commerce; W. C. Patterson, now president of that chamber and also of the Land of Sunshine Publishing Company; Fred L. Alles, ex-secretary of the National Irrigation Congress; George H. Bonebrake, president of the Los Angeles National Bank; H. J. Fleishman, cashier of the Farmers' and Merchants' Bank; C. D. Willard, the well-known short story writer, who is secretary of the Los Angeles Chamber of Commerce; F. K. Rule, auditor of the Los Angeles Terminal Railway Company; Charles Forman, a prominent mining man and capitalist; Harry Ellington Brook, a veteran among Southwestern newspaper men; I. B. Newton, business manager of the Harper & Reynolds Hardware Company; M. E. Wood, secretary of the Pasadena Board of Trade; John F. Francis, capitalist; C. G. Baldwin, president of Pomona College; C. M. Davis, president of the Kingsley-Barnes & Neuner Printing Co.; Fred C. Gottschalk, ex-U. S. Vice Consul in Stuttgart, Germany; Chas. Cassat Davis, a prominent attorney; F. W. Braun, head of the great wholesale drug house; E. W. Jones, capitalist; W. H. Holabird, manager of the great Chino ranch; E. E. Bostwick, ex-State Printer of Kansas; Andrew Mullen, merchant. The directory also includes Mr. Lummis as vice-president and managing editor, and F. A. Pattee, one of the founders of the magazine, and now its secretary and business manager.

The list of stockholders is made up of men who are not only of literary sense, but of the foremost business standing in Southern California. They evidently intend to make the magazine a permanent part of life and letters on the coast.—*The San Francisco Call*, Sunday, November 17, 1895.

ON the first of January, the magazine "Romance," which has heretofore been devoted to fiction entirely, will undergo a complete change, and will be issued as a five-cent magazine, filled with illustrations of a popular kind. The magazine will be a considerable novelty, the idea being to emphasize the illustrated side of it rather than the text. There will be 48 pages containing not less than 60 illustrations, printed from the best of plates on the best of paper. There will be pictures of noted painters, of people of the day, of actors and actresses, of literary individuals at home. Scientific matters will be treated of, and amateur photography will be given a generous space. Altogether the design has met with a cordial reception wherever spoken of, and readers will be sure to profit by purchasing the early numbers, which will form a perfect little picture book of genuine, contemporary interest. Current Literature Publishing Co. 52-54 Lafayette Place, New York.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000

December, 1895.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born		Caucasian	African	Mongol
Deaths from all causes.....	114	13.68	73	41	20	6	50	32	110	2	2	
Deaths under 5 years.....	44											
i. Specific infectious diseases.....	29	3.48	25	4	0		15	8	28	1		
ii. Diseases of digestive system.....	13	1.50	6	7	4	2	6	1	13			
iii. Diseases of respiratory system.....	10	2.28	12	7	4		9	6	18	1		
iv. Diseases of nervous system.....	6	.72	1	5	1		4	1	6			
v. Diseases of circulatory system, blood and ductless glands.....	10	1.20	7	3		2	5	3	10			
vii. Diseases of genito-urinary organs.....	4	.48	2	2			2	2	4			
viii. Constitutional diseases.....	7	.84	5	2	2	1	3	1	7			
ix. Intoxication, violence, accidents.....	13	1.50	11	2	2		7	4	12		1	
i. Miscellaneous diseases.....	13	1.50	4	9	1	1	5	6	12		1	
Septicæmia.....												
Pyæmia.....												
Diphtheria.....	3	.36	3		2		1		2	1		
Erysipelas.....	1	.12	1				1		1			
Typhus fever.....												
Typhoid fever.....	3	.36	2	1	1		1	1	3			
Malarial fever.....	2	.24	2					2	2			
Scarlet fever.....												
Measles.....												
Cerebro-spinal meningitis.....	2	.24	1	1	2				2			
Smallpox.....											1	
Tuberculosis.....	14	1.68	14				10	4	14			
Influenza.....	1	.12		1			1		1			
Dysentery.....	1	.12	1					1	1			
Syphilis.....												
Tetanus.....	2	.24	1	1	1		1		2			
ii. Diseases of the œsophagus.....												
Gastritis.....	2	.24	1	1	1			1	2			
Enteritis.....												
Gastro-enteritis.....	2	.24		2	1	1			2			
Cholera infantum.....	2	.24	2		2				2			
Enterocolitis.....	1	.12	1				1		1			
Appendicitis.....	1	.12	1				1		1			
Intestinal obstruction.....	1	.12		1			1		1			
Diseases of liver.....	3	.36	1	2		1	2		3			
iii. Membranous croup.....	1	.12		1	1				1			
Bronchitis.....	1	.12		1	1				1			
Pneumonitis.....	2	.24		2	2				2			
Pleuritis.....												
Phthisis.....	15	1.80	12	3			9	6	14	1		
iv. Diseases of brain.....	6	.72	1	5	1		4	1	6			
Diseases of spinal cord.....												
Neuritis.....												
Epilepsy.....												
v. Diseases of heart.....	8	.96	6	2			2	3	8			
Degeneration of arteries.....	2	.24	1	1				2	2			
Aneurism.....												
Anaemia.....												
vi. Uræmia.....												
Cystitis.....												
Chronic Bright's disease.....	2	.24	1	1			1	1	2			
Nephritis.....	1	.12		1			1		1			
vii. Rheumatism.....	1	.12	1				1		1			
Gout.....												
Diabetes.....												
Inanition.....	3	.36	2	1			2	1	3			
Senility and Asthenia.....	3	.36	2	1				3	3			
viii. Alcoholism.....												
Opium habit.....												
Suicide.....	1	.12					1		1			
Violence and accidents.....	12	1.44	10	2	2		6	4	12		1	
ix. Tumors—malignant.....	3	.36	1	2			1	2	3			
Tumors—non-malignant.....	1	.12	1		1		1		1			
Other diseases.....	9	1.08	3	6	1		4	4	8		1	

F. W. STEEDOM, M. D., Health Officer

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of December, 1895.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	67	40	54	0	MONTHLY RANGE OF BAROMETER: Mean Barometer, 30.12. Highest barometer, 30.44, date 29. Lowest barometer, 29.85, date 15. Mean Temperature, 56°. Highest temperature 86°, date 11 and 12. Lowest temperature 34°, date 17 and 25. Greatest daily range of temperature 33°, date 9. Least daily range of temperature 14°, date 21.
2	76	48	62	0	
3	74	52	63	0	
4	79	52	66	0	MEAN TEMPERATURE FOR THIS MONTH IN
5	78	51	64	0	
6	72	49	59	0	
7	69	45	57	0	Mean temperature for this month for 17 years, 56°. Total deficiency in temp. during the month, 5°. Total deficiency in temp. since Jan. 1, 252°. Prevailing direction of wind, Northwest. Total movement of wind, 2547 miles. Maximum velocity of wind, direction, and date, 18m, E. 28th. Total Precipitation, 78 inches. Number of days on which .01 inch or more of precipitation fell, 4.
8	73	42	58	T	
9	82	49	66	0	
10	83	54	68	0	TOTAL PRECIPITATION FOR THIS MONTH IN
11	86	56	71	0	
12	86	58	72	0	
13	70	48	59	0	1878 4.70 1884 4.65 1890 2.32 1879 6.53 1885 1.65 1891 1.90 1880 8.40 1886 ..... .26 1892 4.18 1881 ..... .52 1887 2.68 1893 3.65 1882 ..... .03 1888 6.26 1894 4.62 1883 2.50 1889 15.80 1895 ..... .78
14	65	50	58	0	
15	50	45	52	.32	
16	57	40	48	.01	Average precip'n for this month for 17 years, 4.46. Total deficiency in precip'n during month 3.68 inches. Total precip'n from Sept. 1, '95, to date, 1.82 inches. Average precip'n from Sept. 1, '95, to date, 6.90 inches. Total deficiency from Sept. 1, '95, to date, 5.08 in. Average rainfall for 10 wet seasons, 21.58 inches. Number of clear days, 22. " partly cloudy days, 7. " cloudy days, 2.
17	58	34	46	0	
18	62	35	48	0	
19	64	39	52	0	1878 4.70 1884 4.65 1890 2.32 1879 6.53 1885 1.65 1891 1.90 1880 8.40 1886 ..... .26 1892 4.18 1881 ..... .52 1887 2.68 1893 3.65 1882 ..... .03 1888 6.26 1894 4.62 1883 2.50 1889 15.80 1895 ..... .78
20	60	40	50	.29	
21	56	42	49	.16	
22	60	41	50	0	Average precip'n for this month for 17 years, 4.46. Total deficiency in precip'n during month 3.68 inches. Total precip'n from Sept. 1, '95, to date, 1.82 inches. Average precip'n from Sept. 1, '95, to date, 6.90 inches. Total deficiency from Sept. 1, '95, to date, 5.08 in. Average rainfall for 10 wet seasons, 21.58 inches. Number of clear days, 22. " partly cloudy days, 7. " cloudy days, 2.
23	62	40	51	0	
24	65	38	52	0	
25	62	34	48	0	1878 4.70 1884 4.65 1890 2.32 1879 6.53 1885 1.65 1891 1.90 1880 8.40 1886 ..... .26 1892 4.18 1881 ..... .52 1887 2.68 1893 3.65 1882 ..... .03 1888 6.26 1894 4.62 1883 2.50 1889 15.80 1895 ..... .78
26	68	41	54	0	
27	71	39	55	0	
28	68	42	55	0	Average precip'n for this month for 17 years, 4.46. Total deficiency in precip'n during month 3.68 inches. Total precip'n from Sept. 1, '95, to date, 1.82 inches. Average precip'n from Sept. 1, '95, to date, 6.90 inches. Total deficiency from Sept. 1, '95, to date, 5.08 in. Average rainfall for 10 wet seasons, 21.58 inches. Number of clear days, 22. " partly cloudy days, 7. " cloudy days, 2.
29	62	38	50	0	
30	67	38	52	0	
31	74	45	60	0	

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., DECEMBER, 1895.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'dy	Direction	Total Mov't
Los Angeles	59.	86.	34	30.12	57.	4	.78	22	7	2	NW	2,547
San Diego	55.	79.	34	30.11	57.	2	.27	24	6	1	NE	3,162
Santa Barbara	55.1	83.5	38.		70.	2	.93	20	1	4	W	2,548
Yuma	54.	86.	30.	30.12	34.	0	0	28	2	1	N	5,494
Arlington Heights	82.	84.	29.			4	.18	26	2	3	W	
Ontario	53.	82	23.			2	.62	24	3	4	W	
Pasadena	54.	78.	35.			0	.00				W	
Redlands	53.	78.	31.				.33				W	
San Bernardino	51.	84.	24.			3	.60	26	3	2	W	
Santa Ana												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

SEXUAL NEURAESTHENIA.

In the course of an able paper, which appears in the November issue of the *Medical Sentinel*, Dr. David H. Rand of Portland, Oregon, late secretary of the Genito-Urinary Section of the American Medical Association, etc., says:

"In many of these sexual troubles, particularly where there is a nervous phase, the strictest attention must be given to the general condition of the patient. The bowels must be kept open and toned up, and good nutritious food administered. Some one of the artificial foods may be used with advantage, and I am especially well pleased with the new product, Paskola. It has given me great satisfaction where used in many cases."

Paskola is a pre-digested food and digester of food.

We earnestly solicit a trial of Paskola at the hands of practising physicians, and will gladly send a large bottle, express prepaid, upon request. Address the Pre-Digested Food Company, 30 Reade street, New York.

HOW TO TREAT A COUGH.

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M.D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternity Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alone we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What shall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative, then I give the following:

R. Antikamnia and codeine tablets, No. xxx.

Sig.: One tablet every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its associate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in respiratory or intestinal tract, while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipation effect is especially undesirable."

DEIMEL'S LINEN MESH.

Although linen-mesh underwear is a recent introduction, it has gained an enviable reputation as the most satisfactory underwear as well in cold as in hot climates. It may be worth mentioning that the officers of the German African Military Expedition have been furnished with this underwear, and the company

has in its possession reports from General Von Teichman in Berlin, and Lieutenant Fonk in Kilwa, Africa, speaking in the highest terms of the hygienic properties of the underwear. Lieutenant Fonk states that by wearing linen-mesh underwear, he was cured within five days of a very obstinate case of eczema, so prevalent in Central Africa.

PROFESSIONAL OPINIONS OF INGLUVIN.

Edward Warren (Bey) M.D., C.M.—“Hereafter I shall prescribe ‘Ingluvin’ liberally and with great confidence in its therapeutic value.”

Chas. Low, M. R. C. S. E., etc.—“Medical men will never regret using ‘Ingluvin’.”

Edward Cotten, D. N., C. P. P., London.—“‘Ingluvin’ is particularly efficacious in vomiting produced by pregnancy.”

Waldo Briggs, M.D.—“I have used ‘Ingluvin’ extensively and find it far superior to any remedies for vomiting of pregnancy, dyspepsia and indigestion.”

S. S. NIVISON, M.D., Hammonton, N. J.—“I have variously tested the merits of your Vapo-Cresolene treatment. I have already recommended its use to a large number of my friends and patrons. I assure you that I shall not only continue the further test of your Vapo-Cresolene in my Sanitarium, but fully advocate its merits, confidently believing that you have not over-estimated its value to the general public, especially for the cure of whooping cough and for the relief of asthma, croup, hay fever and diphtheria, and as a disinfectant of sick rooms.”

BATTLE & CO., St. Louis.—Some time ago you sent me specimens of your preparations of bromidia, papine and iodia. Unlike many who send out specimens you sent an amount large enough to really make a trial with. I had used the two first named a little, but having them more forcibly brought to mind, and recognizing the fact that I had them on trial, I watched their action more carefully. I can say that they are both elegant and health bearing. Bromidia I used on a man verging on Mania a Potu. Papine on a nervous typhoid woman, and iodia on a young man, who had carried boils for three years as the result of ivy poisoning. The preparations were a decided success in every instance.

Watertown, S. D., Dec. 10, '95.

Yours truly, E. C. ADAMS, M.D.

SENNINE, THE NEW AMERICAN ANTISEPTIC.—This product is composed of Boracic Acid and Phenol, and is unexcelled as a dry antiseptic dressing. The only perfect substitute for Iodoform, Carbolic Acid, Bi-chloride of Mercury, etc. It is *entirely odorless*, consequently preferable, and is very highly recommended by the most prominent surgeons.

SANMETTO.—I have been using Sanmetto for several years and find it invaluable in nearly all kidney and bladder troubles, especially those accompanied by irritation or inflammation of the mucous membranes, as well as in sexual decay and pre-senility.

WM. F. MITCHELL, M. D.

Addison, Pa.

Jno. C. Levis, M. D., West Bridgeport, Pa., says: “I have used CELERINA in my own case for insomnia. Among all the hypnotic preparations and nerve tonics it stands justly pre-eminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century this is perhaps the first public testimony I have offered. CELERINA is the very best nerve tonic now offered to the profession, and cannot be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XI.

LOS ANGELES, FEBRUARY, 1896.

No. 2

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ORIGINAL.

FRACTURES.*

BY JOSEPH KURTZ, M.D., LOS ANGELES, CAL.

PROFESSOR OF CLINICAL SURGERY, MEDICAL DEPARTMENT OF UNIVERSITY OF
SOUTHERN CALIFORNIA.

There are wounds which require but a suture to heal, and there are wounds which tax the skill of the surgeon to successfully manage.

So it is with fractures. Many may be successfully treated with but one dressing, and again many are of a nature to require the greatest skill, care and patience on the part of the surgeon, and may, in spite of the best possible treatment, result unsatisfactorily to both patient and attendant. Therefore we must always be very guarded in giving our prognosis, which the patient generally asks for at once.

Having had some experience in malpractice suits, I make it a rule to give my patients with severe fractures a worse prognosis than I really expect, and I always have witnesses to the fact. To the laity all fractures are alike, and because "Dick" had a broken leg which united perfectly, "Tom's" leg, which was fractured in the same place, must necessarily also become perfect. If this result is not reached, it is due to the doctor's ignorance or carelessness. But, we know that it is next to impossible to appose the fragments of a femur, for instance, into their perfectly normal position. We also know that there are fractures which cannot result in bony union, and some, even, which would not unite in ligamentous union.

If, now, in such cases, the surgeon should neglect to properly inform the patient of the danger, and, in time, ask him for his consent to a resection or wiring, his case might eventually prove disastrous to his reputation as well as to his

*Read at the Sixteenth Semi-Annual Meeting of the Southern California Medical Society held in Los Angeles Dec. 4 and 5, 1895.

bank account. I believe that no part of surgery requires so much care, observation and good judgment as fractures. The best possible treatment on the part of the surgeon and best care of nurse and patient may result in an imperfect condition as regards deformity or want of function, especially in joints. On the other hand we do occasionally find persons who are anxious to get at the pockets of their surgeon, whose only gain in the case would perhaps be the satisfaction of having saved the life and limb of a poor suffering fellow creature.

I will cite here two cases which caused me considerable trouble, time and money :

CASE I. A. M., æt. 50. In moving a house the rope broke and struck his leg, causing a Potts' fracture. The result of my treatment could certainly be considered a good one. Union was good, with but little stiffness of the ankle joint and a slight tendency to lowering of the arch of the foot. He resumed work after three months, expecting that he was entitled to damage for his loss of time and his suffering. He tried to sue his employers, but, being unsuccessful, he conceived the idea that he might sue me for unskilful treatment, remarking that somebody would have to pay him. He had worked steadily for over a year when the suit was brought for \$20,000. It was tried by a sympathizing jury, as I learned later, who were quite inclined to satisfy the poor sufferer's demand. He seemed unable to move about without crutches, which he had but recently used for the benefit of that jury.

A physician of this city who had some reputation as a surgeon, but who practiced rather irregularly, and was on the war path against any member of the County Medical Society, and who expected a fat fee in the case, testified as to the poor condition of the plaintiff's leg. He said that the condition had evidently been caused by my neglect or want of skill. After a hard legal struggle of nearly a week, the jury retired, and, to the surprise of many, agreed upon a verdict in my favor on the first ballot.

About six months afterward I was called to attend a man who had served on that very jury. He was then suffering from an old injury to his leg. At that time he told me what brought about the prompt decision of the jury in my case. He had been a great sympathizer with the plaintiff, as he was a cripple himself, and he concluded that if the man was really as bad off as he claimed to be, he would vote for a verdict for the plaintiff. However, he took great care to watch the man, and followed him every day out of court. At last he detected him running up stairs to his lawyer's office without using his crutches, and as fast as any man could with the best of legs. He made this fact known to his fellow jurors, and this statement saved me many thousand dollars.

It is needless to add that the plaintiff in the case discarded his crutches the next day after the end of the trial.

CASE II. B., 45 years of age, painter, was brought to the County Hospital, where I saw him the next day. He had fallen from a scaffold, sustaining a fracture of the femur in the upper one-third. On examination I discovered that there existed some deformity and shortening of the same leg below the knee, which, as he stated, was the result of an injury he had received when he was but a boy. Union in this case was delayed on account of an intercurrent pneumonia. After three months he left the hospital with a good leg, but about one and one-half inches shortening, more than half of which was due to the deformity below the knee, which had existed since boyhood.

He brought suit against Dr. Brainerd, Dr. Murphy and myself for damages for a short leg, which he had had for thirty years before he came to the hospital. In

Court he first denied that he had ever had an accident before this one, but next day broke down, admitted it, and the judge granted a non-suit.

There have been other cases. I have known a man who was repeatedly caught in the act of removing the dressing from a fractured leg. I therefore left him to be treated by some one else, and he afterward admitted that it had been his intention to get a crippled leg and sue a rich employer for damages, in whose service he was injured. These cases are sufficient proof, though I might quote more, that my assertion to be extremely careful in giving a prognosis in all cases of fractures is not without reason. However, I do not wish to be misunderstood. I don't mean that the prognosis in the majority of fracture cases is necessarily bad or doubtful; on the contrary I know full well that in most cases the prognosis in regard to size and function is even good. I simply want to impress upon you the fact that the best means of protection against a suit of malpractice consists in giving a doubtful prognosis, and that in the presence of witnesses.

Now let us consider some of the fractures which really may be of such a character as to tax our skill and which might result in shortening or non-union. Then let us consider the best means of obtaining the best possible result under the circumstances.

All extremely oblique fractures of the femur and tibia, whether simple or compound, if they are not held together by sutures, are very prone to result in shortening and consequently in a diminished functional quality. All crushed fractures must necessarily heal (if they do heal at all), with shortening. Fractures of the clavicle frequently result in deformity. Fractures near a joint are very often complicated with an injury to the joint itself and therefore such cases require the greatest possible care and skill in order to obtain union without ankylosis. To the surgeons of the larger hospitals, cases of very much retarded or absolute non-union are not so rare as one is led to believe from reading text books. These three deficiencies, shortening, ankylosis and non-union, we must always have in mind while treating severe fractures. Amputation I leave out of consideration entirely, for a man who loses his limb, whether such was absolutely necessary or as the result of even poor treatment will never criticize his surgeon. On the contrary he generally looks to him as his savior.

Now, as to extremely oblique fractures, we must make the patient understand that shortening must most likely result, and if he is dissatisfied with this, get his consent to suturing the fragments, which promises, with perfectly aseptic or antiseptic treatment a good result. As to the fractures in close neighborhood to a joint, the ideas of surgeons, as to the best treatment, differ. Take the elbow, for instance: Some surgeons recommend the right angle position, some an angle of 120° , and others laud the very extended position upon a long straight splint. At the American Medical Association meeting in San Francisco in 1894, a paper on the subject was read by Allis of Philadelphia, who was a strong advocate of the long straight splint, which brought about a spirited discussion. Many of the surgeons present extolled the old way of using the flexed splint. To me it seemed rather absurd. A long time ago I came to the conclusion that in all positions good results may be obtained, but if we merely want to fix the fragments and the joints as well, running the chances of ankylosis, the right angle position is the best; for if ankylosis really follow, the arm will be the most useful in this position.

I have treated many fractures about the elbow; in some the flexed, in some the extended position, was resorted to, just as the fragment could best be managed. But, I watch my cases most carefully, so that no ankylosis may result. If the arm is allowed to remain in the splint for many weeks, the fracture may be

properly enough treated, but the injury to the joint is ignored. Rest alone does not cause ankylosis. This is true in a healthy joint, but in an injured joint, absolute fixation for some weeks will take at least as many weeks of management to make it useful. I treat the two injuries simultaneously, rest for the fracture and massage and passive movements for the joint as soon as possible, and I begin with these latter as early as 7 to 10 days after the injury. In fact I use massage at the very time of the setting of the fracture in order to remove the swelling. The advantages of this treatment are: (1) Complete rest is provided for the union of the fractured bone, except for a few moments once or twice a week. (2) Swelling or effusion is gotten rid of more quickly by the massage. (3) Adhesions are prevented by passive movements. (4) Union of the fragments is no doubt facilitated by the massage and thereby time is saved.

This treatment in my opinion, holds good for all fractures near a joint, but, I may add here that I frequently resort to an anesthetic at the time of reduction as well as at the following treatments.

We now come to the consideration of much delayed and non-united fractures, or pseudarthrosis, a result with which the legal profession seems to be as well acquainted as the medical; a result for which the doctor is usually accused of ignorance or negligence. But when we come to think of the causes of such results we find that they are often absolutely unavoidable. These causes may be summed up as:

a. General disturbance of nutrition, dependent upon

1. Rachitis, in which the callous remains soft for months and union may even be delayed for a year.

2. Syphilis in its primary and secondary stages often prevents callous formation and produces in its place a syphilitic induration at the fragment ends. After a long specific treatment the induration may disappear and union take place.

3. Tuberculosis frequently interferes with callous formation by the appearance of bacilli at the seat of the injury.

4. Carcinoma has a similar effect.

5. All infectious fevers retard the callous formation and may cause suppuration at the fracture.

b. Local disturbances:

1. Crush-fractures not only delay union, but may lead to non-union.

2. Severe displacements of the fragments, which cannot be reduced, as in comminuted fractures of the tibia with an intact fibula, or in similar fracture of the radius with an intact ulna. In either of these cases, the fragment ends may be kept so far apart by the intact parallel bones, that although plenty of callous may be produced the ends of the bones will not unite. In fractures of the patella, the olecranon and coronoid process, ligamentous union is the rule, unless the bones are united by suture.

3. The interposition of periosteum, muscles, fascia or tendons between the fragments is often impossible to diagnose. We apparently reduce the fracture, the length and position of the limb corresponds with its fellow, we secure it in extension and fixation and after weeks we are disappointed by the absence of repair. We may now try massage and rubbing of fragment ends together, place the limb in extension or plastic apparatus for some weeks again, and at the end of this time, may suspect the true condition of affairs. I treated a case of this nature this year, a fracture of the femur. After ten weeks there was no more union than on the first day. I then cut down upon the bone and found scarcely any callous at all, a mass of soft parts separating the ends, which were necrosed.

I was obliged to resect and wire them. The result was good union with shortening due to loss of substance.

4. Oblique fractures with smooth unserrated surfaces, improperly held in apposition by loose appliances are apt to result in imperfect union. The carelessness of the patient, and unfortunately, sometimes of the attending physician, may lead to frequent movements of the fragment ends by which the callous bridge is again and again torn asunder. These are the cases in which not rarely a kind of synovial cavity is formed between the fragment ends, and upon them and in the callous, islands of cartilaginous deposits form. This is the pseudarthrosis, in which the fragment ends are held together by bands and plates of connective tissue.

5. Compound fractures in which the ends have been contaminated with unclean or infective material, may, if not perfectly disinfected, give rise to suppuration and finally lead if not to septicemia or pyemia, to non-union.

As to the treatment of fractures in general, I do not particularly deviate from old established methods. Anything that will maintain the fragments in good apposition is satisfactory. Whether the coaptation splints are of one material or another, or whether the extension and counter extension is obtained by weights and pulley or long splints, is immaterial as long as this fulfills the indications. I will only remark that in all fractures I practice massage once or twice a week. In fractures near a joint, I add passive motion, and in compound fractures I am extremely careful that the wound and fragment ends are thoroughly disinfected: If, in the latter, the ends appear weak, or do not fit well together, I cut them off, and then apply to the wound a perfectly aseptic dressing.

In delayed union, we have in massage, correctly applied, in connection with suitable internal medication for probable existing diseases, the most supreme remedy, and non-union must be treated by resection and suturing. In closing I will simply remark that no surgeon, be he ever so skilful, should neglect to guard himself, in every case of fracture, against an eventual suit of malpractice by his patient. Guard well against the uncertain ties of nature and rather overestimate than under-rate the danger of the case, when you give your prognosis.

147 S. Main St.

DIAPHRAGMATIC HERNIA.

BY CHARLES HATCH STODDARD, M.D., COLTON, CAL.

Hernia of the diaphragm may be either congenital or acquired.

The first variety occurs as the result of deficiencies in the muscular or tendinous structure of the diaphragm, which are analogous to those defects we so often see in other portions of the body, for example, hare-lip, cleft palate, spina bifida and the so-called hermaphroditism. Indeed diaphragmatic defects are found to exist at times in the same individuals where these malformations occur, and are caused by certain as yet unexplained arrests of embryonic development.

The favorite site for these defects of structure is found at the insertion of the diaphragm at the ensiform cartilage. Normally a small space exists at each side of the muscular slip to the ensiform, and this space, filled with areolar tissue in most cases, may be a large opening in undeveloped cases giving free access to the thorax for loops of intestine or even larger abdominal organs. Openings may be left at other parts of the diaphragm, or the natural openings for the œsophagus, aorta or vena cava may be abnormally large, so as to admit of a hernial protrusion. Openings occurring on the right side of the diaphragm, owing to the protection afforded by the liver, rarely give rise to hernia.

Acquired diaphragmatic hernia may arise when the thorax is punctured from above downward, by knife, bayonet or bullet wounds, or where the abdomen has been subjected to violent compression such as from a wagon wheel passing over it, or a heavy body falling thereon. In cases of acquired diaphragmatic hernias the opening may take place either in one of the naturally weak parts of the diaphragm mentioned above or in previously sound tissue, the latter event being consequent on the infliction of wounds from without.

The form of opening is usually that of a button-hole slit, owing to separation of the muscular fibres, and for that reason the opening takes a direction in correspondence with them, namely radiating from the central tendon toward the thoracic insertion. As in the congenital form the right side is least often subject to hernia, having an efficient bulwark in the liver.

No sac of peritoneum exists in either form unless the openings have been gradually formed, as from the divulsion of a small punctured wound. Those hernias brought about by the process of delivery may be reckoned among the acquired forms, though a distinction is hardly possible clinically, but they are also uninvested in a hernial sac of peritoneum.

The organs which are extruded from the abdomen through unnatural diaphragmatic passages, are in the following order of frequency: stomach or portion thereof; colon; omentum; pancreas; and small intestine. Through very large openings the left lobe of the liver is at times found to have escaped.

Where no symptoms of strangulation take place the diagnosis of the condition is extremely uncertain, but in case of obstruction with a history of injury, presenting such symptoms as local pain, impaired action of the heart and displacement of that organ, and tympanitic resonance over the lower pleura or pericardium respectively it may be suspected as such. One diagnostic feature is a gurgling which may be heard through the stethoscope, especially where strangulation has occurred. Patients may live for years with hernias of the diaphragm but strangulation may supervene at any time, causing death. The congenital cases rarely attain adult age, over 50 per cent. dying during the first year.

— Guthrie proposed to perform laparotomy and introduce the hand in order to withdraw the bowel. When the history and the symptoms are sufficiently clear, this should no doubt be done, or in case the condition has been found during exploratory laparotomy, yet there remains the difficulty of a satisfactory closure of the cleft in the diaphragm. Lynde* reports an interesting case of a child where from the presence of dullness over the lower part of the thorax as well as fever, empyema was diagnosed. A needle failing to bring pus, a rib was resected, thinking the pus to be too thick to pass through the needle. On opening into the thorax, bowel loops were forced out. An attempt was made, by enlarging the opening, to close the hole in the diaphragm, after reduction of the hernia had been accomplished. Lynde concludes that this is the best method of reaching a hernial opening in the diaphragm, especially if it be the result of a punctured wound, since these are the more apt to be near the thoracic wall. His case died, however, and the autopsy showed that the sutures were inadequate. One great obstacle to reduction, if strangulation has taken place would be the distension of the bowels with gas.

The following case, seen by me on October 24, 1895, is of interest on account of its history.

Maurice P— age 55, occupation, miner; until a few days before death an inmate of the Soldiers' Home at Santa Monica. Five years ago while working in a mine in Arizona was injured by the caving in of earth and rock, sustaining a fracture of

*Archives of Pediatrics, Dec. '91.

the hip—probably the neck of the femur—and severe contusions of the abdomen, so that he was confined to bed for three months. From his description he undoubtedly had a peritonitis. At any rate after his recovery, though otherwise perfectly well, he was quite frequently attacked with colicky pains usually in the epigastric region. These attacks which came on three or four times a year, and which lasted from six to twelve hours, he was in the habit of relieving by use of patent cholera mixtures which doubtless contained opium.

During his residence at the Soldiers' Home he became involved in an altercation with another inmate and when the man threatened him with a knife, he defended himself with his cane, chastising his opponent severely. He said that he began soon after to have an attack of colic. This was not severe but continuous. As a result of this set-to he was discharged from the home for disorderly conduct, and stopped in Colton on his way back to Arizona, being unable to resume his journey because of his distress. The pains failed to submit to the usual remedies, but lack of means prevented his calling a physician until his condition alarmed those about him. On being summoned I found him seated in bed with knees drawn up and shrieking with pain, which he indicated as being in the epigastrium. Patient had a pale, anxious look and skin was covered with cold perspiration. Pulse rapid, feeble and intermittent; temperature subnormal. Further examination rendered difficult by his position. No apex beat could be felt, but this caused no surprise owing to feeble heart's action. Patient had had no bowel passage for five days. There had been no vomiting at any time. Morphia and hot applications were used to allay the pain, and stimulants given by mouth. The man gradually sank and died at noon five hours after I first saw him.

The autopsy performed by Dr. Hutchinson and myself, showed the following: Right pleura adherent throughout; in left pleural cavity about a quart of greenish watery fluid besides a mass of intestines and omentum, the former greatly distended and congested. On closer inspection an opening was found in the diaphragm, $1\frac{1}{2}$ inch long by $\frac{3}{4}$ inch wide, near the thoracic wall and a little to the left of the mammary line (left side). This opening was in the direction of the muscular fibres of the diaphragm and its edges were hard and cicatricial. Upon the inner side of the opening an adhesion had taken place with a portion of the mesentery for the distance of one inch. On examining the extruded viscera, it was found that a part of the stomach, almost the entire great omentum, the greater part of the colon including all the descending colon to the sigmoid flexure, and about half of the ascending portion, as well as about three feet of small intestine with its mesentery, had ascended into the thoracic cavity. All these organs were deeply congested, and the bowels although much distended with gas were not as yet gangrenous. The heart was displaced to the right side, but was otherwise normal. The left lung was compressed to $\frac{1}{3}$ its normal size and seemed firmer than normal. The right lung was also reduced in size owing to the old adhesive pleurisy. The stomach was tilted upward owing to the passage of the great omentum and part of the greater curvature into the hernia. All other organs normal.

TINEA TRICHOPHYTINA.*

BY LOUISE M. HARVEY, M.D., LOS ANGELES, CAL.

My only excuse for bringing so plebeian a disease to your notice is the fact that during the last summer and fall months many children in this city and vicinity

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have been affected with ringworm. In certain localities it has seemed to run riot, and has shown a persistency that might, perhaps, be excused in a more exclusive and aristocratic disease. Climate has a marked effect on the growth of the *Trichophyton* fungus, the cause of ringworm. In cold climates it is a rare disease, while in warm countries, like Southern California, it is often epidemic, and in some instances, endemic.

Tinea tonsurans with few exceptions, is a disease of children. Although not dangerous, it is very contagious, and the child must be separated from his fellows. This means a loss of school for months, at an age when he can least afford it. In itself this is a true calamity, for no amount of after training can make it up to him. Then, too, the social ostracism and necessary restraint under which the child is kept is mentally depressing and morally degrading. We should therefore look upon this disease as a serious thing, cure the patient as quickly as possible and prevent the spread of the contagion. In no disease is the ounce of prevention more golden than in ringworm of the scalp. In institutions and schools the indiscriminate use of combs, brushes, towels, etc., is one of the means by which this disease is carried, and the sooner the child learns the *mine* and *thine* in regard to such things the better.

In the Protestant Orphan's Home, from which I gather the data for this paper, the disease began last April; in July there were eighteen cases and in August twenty-nine—all boys. The bodies and heads were affected—and it was almost easier in some cases to find ringworms than healthy skin. As the nurse who had charge of these children expressed it: "There was more ringworm than boy."

In September the cases came under my care. They had been treated with preparations of mercury, chrysarobin and a saturated solution of boric acid and glycerine. The children had, however, supplemented the treatment by a plentiful supply of adobe soil. The first work was, therefore, to clean the scalp and locate the diseased areas. This was no small undertaking and required over a week, as many of the heads were much irritated and only a small portion of the scalp could be cleaned at one time. In five of the cases the entire vertex was covered with small yellowish pustules on an inflamed base. This might have been mistaken for favus but the characteristic odor was absent. The microscopic examination of the hairs and scrapings gave a negative answer, and time, that surest of diagnosticians, proved it to be neither favus nor ringworm but eczema due to irritation of the scalp. By advice of Dr. MacGowan, these heads were treated with zinc ointment and let alone; in a few days the trouble subsided to reappear on the slightest irritation of the scalp or dietary indiscretion, but by careful local treatment and attention to the digestive tract, they gave no further trouble. After the heads had been thoroughly cleansed and well saturated with carbolized oil 1-20, a systematic clearing of the diseased areas from the broken stumpy hairs, was begun. As ringworm spreads from the periphery of the rings the sound hairs for about $\frac{1}{8}$ of an inch distant from the diseased patches were pulled out. The cases were then divided by Dr. MacGowan into three groups for the purpose of testing different methods of treatment.

GROUP I.—Treatment:

Turpentine applied on a small sponge and allowed to remain till it began to sting, when it was washed off with a good suds of carbolized soap and hot water. Tincture of iodine was then applied to the spots and allowed to dry in. Over the entire scalp carbolized oil (1-20) was rubbed in. This treatment was repeated every day for a week; then the heads were cleaned with alcohol (50 per cent.) and the tincture of iodine alone was painted into the spots every other day for two weeks. At the end of a month from beginning treatment five of this group were

returned to the Home cured. The spots were free from scales and stumpy hairs and the new hair had begun to grow in nicely. One of these cases, (a German boy about 12 years of age,) showed a marked idiosyncrasy in regard to the toleration of turpentine. The morning after the first treatment the entire face was swollen with marked puffiness under the eyes. The urine was examined, there was no albumen and only a trace of sugar.

GROUP II.—Treatment:

These heads were washed every day with carbolized soap, and a 5 per cent. trikresol ointment penciled in with a brush after all hairs had been pulled from the diseased patch. In this group were some of the worst cases—on one head I counted 26 ringworms of sizes from $\frac{1}{2}$ inch to 3 inches in diameter. In this case the posterior cervical glands were markedly enlarged. At present this group (seven in all) are doing well. Three have been discharged and in the remaining ones all treatment for the past two weeks has been stopped with the exception of sulphur ointment applied twice a week.

GROUP III.—Treatment:

After epilation as described Kaposi's ointment was penciled with a brush into the patch every day for a week, then every other day for two weeks. This treatment also gave good results. Of the relative value of the remedies used I can not speak positively, but am inclined to attribute much of the success to epilation, to the manner and care of applying the remedies, and to the fact that the strictest antiseptic regime was instituted among the children. Turpentine and iodine do well in certain cases, but they do not always cure. On one patient, a Spanish boy, they had no effect, and after a two weeks' trial I stopped this treatment and used Kaposi's ointment with good results. Trikresol gave the best result in the severe cases.

At present we have in the hospital seven of the original cases. These I believe are cured, but lest the disease reappear, as is often the case after apparent recovery, they will be isolated some time longer.

In summing up the facts gathered from the study of these cases, I would say:

That much of the scalp trouble found in our institutions is due to the careless and too frequent use of the hair clippers, girls with long hair seldom have ringworm of the scalp.

That the diagnosis of ringworm of the scalp is not easy—it may be complicated with pustular eczema and seborrhœa or mistaken for them. The microscope will decide the question by the presence or absence of characteristic mycelium and spores in the epidermic scrapings or the spores in the broken off hairs.

That frequent washings of the scalp in warm water increases the liability to the disease. Alcohol (50 per cent.) for cleaning the hair and scalp is best and will prevent the spread of the contagion.

That attention to the general health and food of the patient is an important factor in the cure of this disease.

That in all cases of *tenia tonsurans*, epilation of diseased hairs should always be practiced. Finally that the treatment of these cases offers a large field for the practice of patience and perseverance.

330½ S. Broadway,

A STUDY OF THE REFRACTION OF SEVENTEEN HUNDRED EYES.*

BY H. BERT. ELLIS, M.D., LOS ANGELES, CAL.

The question of refraction is one that plays no unimportant part in the daily work of many oculists in our large cities, and of most oculists in our medium and smaller cities. With many it forms the great bulk of their work.

I present for your consideration to-day, in tabular form, a study of the refraction of 1,700 eyes, representing 869 patients taken from the last 1,000 consecutive eye cases coming under the care of the writer in his private practice. Of the 131 cases not incorporated in this study, some were infants with various inflammatory troubles and some operative cases, five only being presbyopes with emmetropic eyes. Thus you will see that about 87 per cent. of all my eye cases required correction of ametropia. Dr. Geo. M. Gould in a paper on these very lines, read before this Section in 1891 said that 93 per cent. of his eye patients required correction of errors of refraction. If, therefore, from 85 to 95 per cent. of all eyes that come under the oculist's care need errors of refraction corrected, it will be wise for all of us to give the subject some little consideration.

Of the 869 patients whose eyes form the basis of this study, 613, 70 per cent., were females, and 256, about 30 per cent., males, a proportion of nearly 2.5 to 1. The same general laws underlie this disproportion between the sexes in ophthalmologic practice that cause a similar disproportion of males and females in other branches of medical work, *e. g.*, among the women we find less general vigor; less active life, with closer confinement; more constant and finer work in the application of the eyes; and last but not least a more sensitive and high-strung nervous mechanism.

Although 19 per cent. of the patients were presbyopic, no account is taken of the presbyopia in these tables. In 66 per cent. of the patients under 40, a mydriatic was used; ordinarily I employed ophthalmic disks composed of homatropin and cocaine, of each 1-50 gr., to produce mydriasis. Where the use of three or four of these disks in each eye within a period of one and a half hours failed to quiet accommodation, I used a few drops of an atropin solution, 4 grs. to the ounce, in each eye four times daily for three days. I have, however, had but few cases in which I have had to resort to this method. I have left out of this study all aphakic eyes, and all eyes in which disease of the refracting media or fundus had impaired refraction. In the preparation of my tables I followed the same general plan adopted by Dr. Gould in his paper of four years ago.

I have in Table 1 given the general refraction of 1,700 eyes; 1,371, or a little over 80 per cent., were hyperopic; 282, 16.59 per cent., myopic; while 47 were myopic in one diameter and hyperopic in the other. Of my hyperopic cases, I found only 16 per cent. with simple hyperopia, 84 per cent. had astigmatism simple or compound, the simple astigmatism amounting to 37 per cent. of all the hypermetropia. Among the myopic patients we find very nearly the same proportion; 17 per cent. of simple myopia, 32 per cent. of simple myopic astigmatism and 51 per cent. of myopia with myopic astigmatism.

Table 2 gives the amount of hyperopic correction in 867 eyes, but does not include the astigmatism. It will be noted that 42 per cent. of the eyes had hyperopia of 0.50 D., or less and 31 per cent. had less than 1.75 D. The eyes having hyperopia combined with astigmatism outnumbered the simple hyperopic eyes more than 3 to 1. Although the table shows so large a number of eyes with

*Read in the Section on Ophthalmology, at the Forty-Sixth Annual Meeting of the American Medical Association, at Baltimore, Md., May 7-10, 1895.

small hyperopic errors, it most not be supposed the total error was correspondingly small, because with small amounts of hyperopia, I frequently found large amounts of astigmatism.

TABLE 1.—GENERAL REFRACTION—1,700 EYES.

	Eyes.	Per cent. of H.	Per cent. of all.
Simple hyperopia	218	15.90	12.82
Simple myopic-astigmatism.	504	36.76	29.65
Hyperopia plus hyperopic-astigmatism	649	47.34	38.18
	1,371	100.00	80.65
<hr/>			
		Per cent. of M.	
Simple myopia.	48	17.05	2.82
Simple myopic-astigmatism.	89	31.56	5.24
Myopia plus myopic-astigmatism.	145	51.41	8.53
	282	100.00	16.59
<hr/>			
Mixed astigmatism.	47		2.76
	1,700		100.00

Myopia is classified in Table 3. In comparison with the hyperopic table, we find only 31 per cent. of the eyes have errors of 0.50 D. or less, against 42 per cent. of the hyperopic eyes; and 62 per cent. against 81 per cent. with errors less

TABLE 2.—REFRACTION OF 867 HYPEROPIC EYES, ASTIGMATISM NOT INCLUDED.

o°	H.	H Ah	HH and Ah	Eyes.	Per cent. of H.	Per cent. of all.
1-4	8	112	120	364	41.98	21.41
1-2	68	176	244			
3-4	31	94	125			
1	35	79	114	239	27.56	14.06
1 1-4	21	32	53			
1 1-2	9	36	45			
1 3-4	7	19	26	50	5.77	2.94
2	6	18	24			
2 1-4	4	10	14			
2 1-2	2	11	13	53	6.13	3.12
2 3-4	3	11	14			
3	4	8	12			
3 1-4	1	4	5	28	3.23	1.65
3 1-2	7	7	14			
4	4	5	9			
4 1-2	3	13	16	20	2.30	1.18
5	0	4	4			
5 1-2	1	3	4			
6	3	3	6	15	1.73	.88
7	1	1	2			
7 1-2	0	1	1			
8	0	2	2			
	218	649	867	867	100.00	51.00

than 1.75 D. On the other hand, it will be seen that over 21 per cent. of the myopic eyes have between 5.50 D. and 22 D. of error, while less than 2 per cent. of the hypermetropic eyes have corresponding errors.

Of the 1,700 eyes, whose refraction was measured, 1,434 were astigmatic, but in 47 of these the astigmatism was mixed, and I have consequently given them a table by themselves. The varying amounts of astigmatism in the remaining 1,387 eyes is given in Table 4; 1,158 of the eyes, 83 per cent., had hypermetropic astigmatism. In 72 per cent. of all the astigmatic eyes the error was less than 0.75 D., while 92 per cent. of the eyes had errors less than 1.75 D.; 494 of the eyes had only 0.25 D. of astigmatism, and yet I found it both wise and expedient to correct a greater number of these small errors. As we would naturally expect, we find relatively a large number of small degrees of hyperopic astigmatism, and

TABLE 3.—REFRACTION OF 193 MYOPIC EYES, ASTIGMATISM NOT INCLUDED.

o°	M	M Am	M M and Am	Eyes	Per cent. of M.	Per cent. of all
1-4	0	15	15	59	30.57	3.47
1-2	11	33	44			
3-4	5	11	16			
1	9	17	26	42	21.76	22.47
1 1-4	3	4	7			
1 1-2	2	9	11			
1 3-4	1	6	7	14	7.25	.82
2	1	6	7			
2 1-4	0	1	1			
2 1-2	2	0	2	6	3.11	.35
3	1	2	3			
3 1-4	0	1	1			
3 1-2	0	5	5	10	5.18	.59
4	0	4	4			
4 1-2	0	2	2			
5	0	1	1	3	1.56	.17
6	3	2	5			
6 1-2	0	1	1			
7	2	0	2			
7 1-2	0	4	4			
8	0	4	4			
8 1-2	0	3	3			
9	1	3	4			
10	2	0	2			
11	0	2	2	41	21.24	2.41
13	2	2	4			
14	3	0	3			
16	0	1	1			
18	0	3	3			
20	0	2	2			
22	0	1	1			
	48	145	193	193	100.00	11.35

proportionately large errors of myopic astigmatism; for instance, 20 per cent. of the myopic astigmatic eyes had errors above 2 D., while only 3 per cent. of the hyperopic astigmatic eyes had correspondingly large errors.

The axes of the 1,434 astigmatic eyes are classified in Table 5. I have used the term unsymmetrical, in a somewhat narrow sense and not with its usual significance. In Table 5, unsymmetrical simply means the departure of the axis of any given eye from 90 or 180° without reference to the axes of its fellow, excepting

where the axis of the pair is symmetrical. Under axis 90° , I have included every eye having its axis so placed, irrespective of the fact of the fellow eye having no astigmatism, or the axis at 180° or some oblique angle; and, similarly, all axes at

TABLE 4.—REFRACTION OF 1,387 ASTIGMATIC EYES.

0°	H As	M As	M As and H As	Per cent. of H As	Per cent. of M As	Per cent. of H As and M As
1-4	460	34	494	78.06	31.45	71.88
1-2	900	63	963			
3-4	102	32	134	13.27	25.21	15.28
1	153	59	212			
1 1-4	51	27	78	3.81	7.27	4.40
1 1-2	20	7	27			
1 1-2	44	17	61	1.82	6.41	2.60
1 3-4	24	6	30			
2	6	15	21	1.91	14.10	3.97
2 1-4	15	9	24			
2 1-2	7	5	12	.87	2.14	1.08
2 3-4	9	9	18			
3	22	33	55	.26	3.42	.79
3 1-4	0	4	4			
3 1-2	6	15	21	.26	3.42	.79
3 1-2	1	1	2			
4	10	3	13	.26	3.42	.79
4 1-2	6	1	7			
5	3	1	4	.26	3.42	.79
5 1-2	1	5	6			
6	3	1	4	.26	3.42	.79
6 1-2	0	1	1			
8	0	0	0	.26	3.42	.79
	1	0	1			
	1,153	234	1,387	100.00	100.00	100.00

180° are placed together; 55 per cent. of all astigmatic eyes had their axes at 90° , while 25 per cent. had them at 180° , leaving only 20 per cent. with oblique axes.

TABLE 5.—AXES OF 1,434 EYES.

Hyperopic.	Eyes	Per cent. of H As	Per cent. of all
Axis 90° , including all 90°	741	62.01	51.67
Axis 180° , including all 180°	240	20.08	16.74
Symmetrical not 90° nor 180°	66	5.52	4.60
Unsymmetrical	148	12.39	10.32
	1,195	100.00	83.33
Myopic.		Per cent. M As	Per cent. of all
Axis 90°	57	23.85	3.97
Axis 180°	121	50.63	8.44
Symmetrical	8	3.35	.56
Unsymmetrical	53	22.17	3.69
	239	100.00	16.66
	1,434		100.00

Among the hyperopic astigmatic eyes, 62 per cent. were according to rule at 90° , and 20 per cent. were contrary to rule at 180° ; while in the myopic table only 51 per cent. are according to rule at 180° , and 24 per cent. against the rule at 90° . The unsymmetrical cases were relatively more numerous among the myopes.

TABLE 6.—REFRACTION OF 47 MIXED ASTIGMATIC EYES, EXPRESSED IN TERMS OF CROSSED CYLINDERS.

0°	H As	Per cent. of H As	M As	Per cent. of M As
1-4	11	23.40	17	36.18
1-2	14	29.79	8	17.02
3-4	4	8.51	8	17.02
1	3	6.38	7	14.89
1 1-2	5	10.64	3	6.38
1 3-4	1	2.13	0	0.00
2	1	2.13	0	0.00
2 1-4	3	6.38	1	2.13
2 1-2	1	2.13	0	0.00
2 3-4	1	2.13	0	0.00
3	2	4.25	0	0.00
3 1-2	1	2.13	3	6.38
	47	100.00	47	100.00

The unsymmetrical axes or those varying from 90° and 180° are grouped in Table 7, and it will be seen that, among the hyperopic eyes, 49 per cent. of the unsymmetrical eyes had their fellow eyes with astigmatism at 90° , and 12 per cent. at 180° ; and in the myopic division 9 per cent. had fellow axes at 90° , while 21 per cent. had them at 180° . Of the 201 unsymmetrical eyes, 52 per cent. have the axis of their fellow eye at 90° or 180° . In studying the deviation of the axes from 90° and 180° , I find no definite rule, but simply a tendency of the hyperopic axes to be near 90° ; and of the myopic axes to depart but little from the horizontal diameter. For instance, thirty-six of the hyperopic astigmatic eyes had their chief diameter at 75° ; twenty-four at 105° ; thirteen at 60° , and seventeen at 20° .

TABLE 7.—AXES VARYING FROM 90° AND 180° —201 EYES.

Hyperopic.	Eyes	Per cent. of Unsym H Axes	Per cent. of all Unsym Axes
One axis 90°	72	48.65	35.82
One axis 180°	17	11.49	8.45
Both axis the same, not 90° or 180°	2	1.35	1.00
Sundry, not in the above	57	38.51	28.36
	148	100.00	73.68
Myopic.		Per cent. of Unsym M Axes	Per cent. of all Unsym Axes
One axis 90°	5	9.44	2.49
One axis 180°	11	20.75	5.47
Sundry, not in the above	37	69.81	18.41
	53	100.00	26.37
	201		100.00

Seventy per cent. of these hyperopic variations diverged within 30° of the perpendicular diameter on either side. In the myopic variations, six were at 165° ; seven at 150° ; seven at 15° , and twelve at 30° , while 65 per cent. were within 30°

of the horizontal diameter, which is in accord with the ordinary teaching. In Table 5, the axes of all my astigmatic cases were given; but in Table 4, the refraction of forty-seven eyes, the mixed astigmatic cases, was omitted. The refraction of these forty-seven eyes, expressed in terms of crossed cylinders, is given a table by itself. We have, however, no particular lesson to draw from it, or point of interest to call to your attention, excepting a fact, which the table itself does not show, and that is, that it required but weak glasses to make the correction in the greater number of these eyes.

In Tables 8 and 9 are given respectively, tabulated statements of "ocular reflexes" and "reflex neuroses of possible ocular origin" occurring in the 869 cases of refraction which this paper includes. That Table 8 shows a total of 1,467 cases is explained by the fact that two or more of the symptoms frequently

TABLE 8.—EYE STRAIN WITH OCULAR REFLEXES—869 CASES.

Symptoms.	No. of Cases.	Per cent. of all cases
Aching or pain in eyeballs	333	19.59
Partial ptosis	6	.35
Blepharitis, styas, chalazion, etc	108	6.23
Blepharospasm	189	11.12
Conjunctivitis, marked	97	5.71
Lacrymation	78	4.59
Photophobia and } direct	174	10.23
Distress from light } reflected	482	28.35
	1,467	86.17

TABLE 9.—REFLEX NEUROSES OF POSSIBLE OCULAR ORIGIN.

Symptoms.	Cases	Per cent. of Neuroses.	Per cent. of all cases
Headaches	527	60.86	31.
Insomnia	49	5.66	2.88
Dizziness	99	11.43	5.83
Mental Symptoms, loss of memory, etc	58	6.70	3.41
Morbid nervousness	127	14.67	7.47
Blind spells	6	.69	.35
	866	100.00	50.94

occurred in the same individual. Distress from reflected light I find to be the most common ocular reflex complained of, while aching or pain in the eye was not infrequently mentioned, and blepharospasm and blepharitis were quite common. There were ninety-seven cases of marked conjunctivitis and seventy-eight cases of excessive lacrymation. Of the symptoms in the reflex neuroses of possible ocular origin, I can only say I have emphasized possible, and will only add that they existed singly, in pairs and sometimes *in toto*, but to say that they all arose from eye strain is far beyond my desire. That many of them were of ocular origin I have but little doubt, and this is especially so in regard to the headaches which existed in the 527 cases; about 60 per cent. of the patients. All headaches are not of ocular origin; errors of refraction uncorrected do not always produce headaches, but having found an error of refraction with headaches, especially of the fronto-temporal variety, following the use of the eyes, we have not room to doubt the wisdom of correcting the error. The variety of headache finds its classification in Table 10. The fronto-temporal is by far the most common variety, occurring in 40 per cent. of all headaches. Frontal, becoming

occipital, is found in 16 per cent. of the headaches complained of and the primary occipital occurs in 11 per cent. of the cases.

It will be noted that reflected light formed a very large percentage of complaints among the ocular reflexes. This is without doubt a greater factor with us in Southern California than in the other parts of the United States, accounted for solely by the fact that we have very white roads and streets, accompanied by about three hundred bright sunshiny days each year. When correction of the error of refraction fails to relieve this distressing symptom, I have found that greater relief is given by light blue than London smoked glasses.—(*Journal American Medical Association*, November 16, 1895.

107 North Spring Street.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

BICARBONATE OF SODA IN TREATMENT OF COMMON COLD.—(*Medical Record*, Jan. 18, '96.) Dr. Duncan Bulkley, accidentally discovering that a cold was aborted by the use of bicarbonate of soda (taken for another purpose), recommends the following treatment. For an adult, twenty to thirty grains in two or three ounces of water every half hour, for three doses, and a fourth dose at the expiration of an hour from the last one. After waiting two to four hours, the four doses are repeated if necessary. He has known the four doses to be repeated four times, with final good results. To be promptly effective it should be used with the earliest indications of coryza—sneezing—although it has given good results later in the trouble. His theory is that the susceptibility to colds is dependent on some state of the system, and while observation has shown him that it is not persons with marked gouty diathesis that are mainly subject to "colds," yet they occur more frequently in those exhibiting minor forms of acidity, and in those in which it has quickly developed from some cause or other. He thinks the action of the soda is in its neutralizing this acidity, and asks that it may have a fair and careful trial by the profession.

TREATMENT OF ECLAMPSIA WITH VERATRUM VIRIDE.—Apropos of the discussion on the treatment of puerperal eclampsia at the sixteenth semi-annual meeting of the Southern California Medical Society, Dec. 4 and 5, 1895, at which vivisection, chloroform, morphine, bromidia, pilocarpine, etc., were advocated, the following remarks on Veratrum Viride, which did not receive much attention in that discussion, will be of interest. The *New York Medical Journal*, Nov. 23, says editorially: Dr. Edgar's recent declaration, that he did not believe there was any drug, with the possible exception of chloroform, that was of as much value as veratrum viride in eclampsia, coupled with Dr. Chandler's testimony as to their efficiency, goes far to show that experienced obstetricians in general are less forgetful of the virtues of veratrum than its comparative inconspicuousness in current literature might lead one to suppose was the case.

In the *N. Y. State Medical Reporter*, January, 1896, Dr. C. R. Rogers, of Newark Valley, N. J., reports cases and says: As an anti-convulsive, I invariably administer veratrum hypodermatically, and in heroic doses. Ordinarily the initial dose should be at least ten drops, and repeated within an hour if you do not get powerful sedation, and bring the pulse down to sixty or less to the minute. I sometimes combine morphia with it if it is especially indicated.

After labor is completed, and convulsions under control, chloral and bromide is given and from three to five drops of veratrum often enough to hold the pulse at about sixty for two or three days, with salines to keep bowels open and flow of urine free. If any fail with the treatment it will be likely from over-timidity.

In the same journal Dr. H. L. Knapp reports a case treated in like manner, and concludes: Since this experience would feel unequipped for the occasion if I did not have a quantity of reliable veratrum viride in my obstetric "grip," with a hypodermic syringe in condition for instant use.

TREATMENT OF SENILE HEART.—(*Medical Record*, Nov. 9.) Dr. R. H. Babcock. Nitro-glycerine and other cardiac stimulants had been administered freely without relief. One-eighth grain of morphine with one two-hundredth grain of atropine was injected, and in a few minutes he was sleeping peacefully, although exhibiting Cheyne-Stokes respiration. From that time forward, for two months, he received his nightly injection of morphine, which never lost its effect and never had to be increased. When, at last, in response to treatment, his heart had regained something of its former vigor, chloralamide and bromide of potash were substituted as a hypnotic. Depression following the withdrawal of morphine was trifling, and lasted but for a day. At the present writing this patient considers himself in pretty fair health, although still under occasional observation.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

HYSTERORRHAPHY FOR RETROVERSION.—The operation of stitching the uterus to the anterior abdominal wall for retroversion of long standing has given excellent results. In a paper in the *American Journal of Obstetrics* on "Mechanical and Surgical Methods of Treating Retro-Displacements of the Uterus," by Alfred C. Carpenter, of New York, the method of hysterorrhaphy is spoken of as one of the foremost at our command. Its technique is simple. With the usual antiseptic precautions an incision is made in the median line of the abdomen midway between the umbilicus and pubes; two fingers are introduced; adhesions, if they exist, are broken up and the fundus uteri brought up into the abdominal wound and grasped with vulsellum forceps. With a knife or small pair of curved scissors the peritoneum is denuded from the anterior surface for about the size of a twenty-five cent piece. Then two or three sutures of heavy silk worm gut are introduced through the uterine tissue, taking a generous hold so there will be no danger of their cutting out by the traction put upon them by the weight of the organ, and at the same time guarding against penetrating the uterine cavity. These sutures are then carried through the entire abdominal wall on either side of the incision and are tied, thus fastening the fundus in the median line midway between the umbilicus and pubes. The sutures are allowed to remain about three weeks to assure firm union between fundus and abdominal wall.

TO RENDER SPONGES ASEPTIC.—(*Journal American Medical Association*.) After many experiments in his laboratory M. Meillere, Director of the Paris Academy of Medicine, gives the following method of rendering sponges aseptic: the shells and stones are first picked out by hand, then the sponges are beaten to remove sand, etc. They are then placed in a 1 to 100 solution of hydro-

chloric acid for four hours and next washed and immersed in a cold solution of permanganate of potash. Next follows a bath in a solution of sulphurous acid, after which they are washed until all traces of the last acid have disappeared. To preserve until needed, keep them in 5 per cent. carbolic acid, 1 to 100 bichlorid or 1 to 300 of thymol solution. To cleanse sponges which have been used once, they are washed in green soap, rinsed in warm water and carried through the treatment mentioned above. It is advisable to submit them to a bacteriologic examination before using again.

THE EFFECT OF OVARIOTOMY UPON THE VOICE.—(*Boston Medical and Surgical Journal*.) The well-known effect of castration in young males in heightening the pitch of the voice has led Dr. E. J. Moure, of Bordeaux, to investigate the effect of ovariectomy upon the voice. His observations in two cases of ovariectomy in young women showed an effect exactly the opposite of that of castration in men, since the voice became deeper and harsher, and the patients thought they were hoarse. The higher notes were lost and the voice fell from soprano to mezzo-soprano. This small number of observations is obviously entirely insufficient to establish a fact; and as no previous cases are on record of the production of any changes in the voice by ovariectomy, the observations must await confirmation from further cases.

A CASE IN WHICH 13 FEET OF INTESTINE HAD BEEN DRAGGED THROUGH A PERFORATED UTERUS AND TORN AWAY FROM THE CECUM.—(*Occidental Medical Times*.) Dr. C. B. Nichols: I wish to report a case which I think it would be well to place on record. A few weeks ago I was called suddenly to see a lady who was said to be in great danger. She had either performed an abortion on herself or else some one had done so for her. The fetus had been delivered, but the placenta remained in the cavity of the uterus. A physician was called, who discovered something protruding from the os, and, upon investigation, found it was an intestine. There was considerable hemorrhage and very severe pain, with the prospect of speedy death. She was removed to the "Ridge Hospital" at once. When I first saw her I found the pulse and respiration very rapid and a profuse hemorrhage from the vagina. As soon as possible, I opened the abdomen and found the uterus about the size of a five months pregnancy and very soft. The abdominal cavity was quite filled with blood. Upon lifting the uterus out of the pelvic cavity I discovered, on the posterior surface, just above the internal os, an opening in the uterus, through which passed a loop of small intestine. I immediately withdrew the intestine. The mesentery had been stripped entirely off. One end of the intestine had been torn from its attachment to the cecum. I inserted my finger into the cavity of the uterus and finding the placenta, delivered it, enlarging the opening. I cut off the intestine at the point where the mesentery stopped, making a lateral anastomosis with the cecum on the opposite side. Thorough irrigating the cavity, I then closed the wound, finishing the operation by 6 P. M. I found that thirteen feet of the intestine had been drawn through the opening in the uterus. The patient died at 12:30 A. M., one remarkable feature being that she survived the injury and subsequent operative procedure for over eight hours.

BROAD LIGAMENT PEDICLE.—(*Therapeutic Gazette*, Dec., 1895.) Tait says: In dealing with the pedicle he is inflexible. The rules are simple, but they must be obeyed, and ligatures so adapted do not slip.

1. If the pedicle is long and round, it may be tied almost anywhere, but the farther from the uterus the better.

2. It must be carefully penetrated by a needle which does not cut. (Instru-

ment makers do not care a straw whether a needle cuts or not, and Hagedorn's horrible instruments seem to have made a fashion for cutting needles. They possess every quality a needle ought not to possess.) No veins must be wounded in the perforation of the pedicle if they can possibly be avoided, and usually they can.

3. The Stafford knot being applied, the "slack" must be hauled in not once only, but several times, and this is the injunction most usually neglected, and to the neglect of which cases of "slipping" can usually be attributed. The first hitch is then secured and the pedicle divided, the details of the operation completed, and then, at the very end, the pedicle is forced up, the first hitch retightened, and the second hitch applied.

4. The division of the pedicle is not sufficiently regarded as an important detail, and to this there can be no doubt that many cases of slipping of ligatures (of every kind) are to be attributed. The amount of pedicle left on the distal side of the ligature is a matter of no moment; the peritoneum will remove it in due season. A short-cut pedicle is always a source of danger, and a pedicle which must be cut short, but which is cut straight across, is equally risky. But the risk can be greatly diminished by cutting the pedicle on the distal side of the ligature, like a double-flap amputation, especially if the pedicle is thin and broad, for that is the most risky condition.

Tait reports that he has had a few pedicles lately so wide that he has put clamps on them and finished the operation before he put on the ligature, and these are the cases in which he regrets the cautery.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

TRICHLORACETIC ACID IN PURULENT INFLAMMATION OF THE MIDDLE EAR—(*Revue de Laryngologie, etc.*) Of sixty-three cases in which Dr. Okuniff, of St. Petersburg, employed trichloroacetic acid, he obtained in thirty-eight an arrest of otorrhea, in two a decided diminution of the discharge, and in twenty-three a cicatrization of the perforation. The remedy was used in an accidental and irregular manner, and the author thinks that the results would have been still better had it been applied according to a systematic method. He is likewise convinced that with time and patience one may always by its assistance obtain a complete cure of chronic otorrhea with re-establishment of hearing. The course of suppuration may be rapidly arrested, the offensive odor removed and the regenerative power of the tissue of the membrana tympani may be awakened to repair the perforation and re-establish normal audition.

SYPHILITIC AFFECTIONS OF THE EYE.—Galezowski considers all severe syphilitic affections of the eye as tertiary. Iodide of potassium is of little value, inunctions of mercury should be used.

THE EQUILIBRIUM FUNCTION OF THE EAR—(*Med. Record*, February 1.) Dr. Clark, in a paper, showed specimens and discussed the equilibrium function of the ear. The evidence was that the ear was a compound organ with circular canals on each side; they functionated in pairs and their primary purpose was to maintain the equilibrium of the body in turning. Disease in man went to show a similar function and that audition originally was only secondary.

WHICH LACHRYMAL CANALICULUS SHOULD BE INCISED FOR PROBING THE NASAL CANAL?—(*Oph. R.* June, '95.) Mr. Story. The author recommends incision of the superior lachrymal canaliculus, as this is never followed by epiphora.

ON THE USE OF LARGE PROBES IN THE TREATMENT OF LACHRYMAL OBSTRUCTION.—(*Oph. R.* July, '95.) Snell has for sixteen years used large probes in probing the lachrymal ducts, and has obtained very good results. After incision of lachrymal canaliculus, he introduces sounds of 1.5 and 2 or 3 millimetres. On the next day he introduces the largest probe used, and then the next lower number. After that his probings are at intervals of two, four and eight days for four or five weeks. It is not necessary to use 4 millimetre probes, but 3 and 3.5 millimetre probes are necessary.

RADICAL OPERATION FOR TRICHIASIS.—(*Oph. R.* Sept., '95.) Mr. Kenneth Scott. The operation consists in making an incision of the tarsal cartilage on the conjunctival surface parallel to and but 2 millimetres removed from the palpebral border. The incision should include the entire extent of the lid and should completely divide the tarsus, respecting only the skin. The ciliary border is then turned outward and fixed at three points by silver wire sutures on the cutaneous surface of the lid.

TREATMENT OF PURULENT OPHTHALMIA BY COPIOUS IRRIGATION. (*Oph. R.*) Dr. Kalt reports that the number of cases of ophthalmia treated at the Quinze-Vingt by copious irrigations of permanganate of potash as he has advised, is now 200—31 adults and 169 new-born.

Dr. Kalt prefers permanganate of potash to permanganate of lime, as it is less irritating. For both, the proportions should be 1 gramme to 3 litres of water at 25° C.

Permanganate of lime or potash 20 gr.

Distilled water. " 300 gr.

A teaspoonful to a litre of water.

Each eye should receive a litre and a half of this fluid at a time.

The first two days four irrigations should be made, three only with permanganate potash; then three for two or three days; finally, two until the end. They should not be arrested until all secretion has disappeared for two days. If the affection lasts more than fifteen or eighteen days, recourse should be had to permanganate of potash.

CORRESPONDENCE.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

C. B. Nichols, president; J. A. Nelson, secretary and treasurer. Organized March 17, 1868. Incorporated June 29, 1878. Directors: C. B. Nichols, W. A. Briggs, G. L. Simmons, J. A. Nelson, H. L. Nichols.

At a regular meeting of the Sacramento Society for Medical Improvement, held January 21, 1896, the following preamble and resolutions were adopted, and copies ordered sent to the medical journals and medical societies in general, in order to obtain concerted action on the part of the profession:

WHEREAS, The New York Life Insurance Company and the Equitable Life Assurance Society have recently adopted a graded scale of fees for medical examinations, the practical effect of which will be a reduction of the Medical Examiner's income from these sources by about 40 per cent.; and whereas, these companies, claiming to be amongst the largest and strongest in the world, have,

hitherto, in common with all other first class "old line" life insurance companies, paid a uniform fee of \$5 for medical examinations, insisting that the same care be used in examining applicants for small as for large policies; and whereas, under the proposed schedule, no reduction is made in the amount of work performed or in the degree of responsibility exacted, therefore be it

Resolved, That we, as physicians, recognize that all life insurance is based on mortality tables and on the probable life expectancy of the assured, in arriving at which, the Medical Examiner is the most important factor, and that in the past he has been the most valuable as well as the most essential feature in the establishment of life insurance companies.

Resolved, That we cannot recognize, as a principle governing our remuneration for exactly similar services, the amount of premium paid by the applicant, or the profit derived by the company from any individual risk.

Resolved, That such methods, having no foundation in reason or justice, are contrary to all business principles, and must inevitably lead to a lower standard of examinations, with corresponding disastrous results.

Resolved, That the Sacramento Society for Medical Improvement protests against methods that are unfair, irrational, and indefensible, and, on behalf of its members, pledges them to absolutely decline to examine applicants for life insurance for any "old line" company, for any fee less than \$5, for each and every examination made.

Resolved, That copies of these resolutions be transmitted to every medical society in California, to all State medical societies, and to the American Medical Association, requesting that concerted action be taken in the premises.

THOS. W. HUNTINGTON, Chairman.
W. J. HANNA,
JAMES H. PARKINSON.

The Society believes that success can only be attained through agitation and organized opposition, so that this movement, now confined to two life insurance organizations, may be adopted by all the "old line" life companies. In forwarding these resolutions, the Society asks you to give the matter the widest publicity, and to, as far as possible, procure similar action on the part of medical societies in your vicinity,

J. A. NELSON,
J. H. PARKINSON,

Committee.

Sacramento, Cal., Jan. 25, 1896.

IN MEMORIAM.

The committee appointed by the Los Nietos Valley Medical Society, in session Feb. 6th, 1896, to take action in regard to the death of Wm. Curtis Smith, M.D., respectfully submit the following:

Resolved, That in Dr. Smith we had an active fellow worker in all that the society undertook—an orator of no mean ability, one ready to take a stand for his convictions and earnestly plead the merits of his cause espoused.

Resolved, That being one of the pioneer practitioners of this valley, we listened with interest and profit to his narrated experience of the treatment of diseases met here, or difficulties encountered and overcome; when co-laborers were few and remedial agencies less convenient.

Resolved, That in the death of Dr. Smith we lose a genial, cheerful and hopeful associate in our loved profession and shall miss his timely aid and reliable counsel when times come "that try men's souls."

Resolved, That with this whole community who knew him long and loved him well, we sorrow.

Resolved, That to his family, as the Medical Society he aided in forming and continued to foster, we extend our heartfelt sympathy.

Resolved, That this all too meagre tribute to the memory of our deceased associate be spread in full on the minutes and be published in the SOUTHERN CALIFORNIA PRACTITIONER, Whittier Register, Norwalk Call and Dowling Champion and that a copy be transmitted to his family.

J. CARROLL KENDRICK, M.D., } Committee.
D. A. KELLOGG, M.D., }

Dr. Smith was a former resident and practitioner of Los Angeles.



VIEWS AT JACKSON'S NAPA SODA SPRINGS—The Home of Napa Soda Mineral Water.

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Editors and Publishers Southern California Practitioner,
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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

LIFE INSURANCE COMPANIES AND THEIR MEDICAL EXAMINERS.

The recent reduction and scaling of fees for medical examinations by two of the leading commercial companies in the United States, forcibly directs attention to the relationship existing between medical examiners and the companies, the character of service exacted, and the adequacy or inadequacy of compensation rendered.

In the earlier history of life insurance, when *expectation of life* was based upon mortality tables constructed from the general population, the necessity for a close inspection, or indeed of any inspection of the quality of risks offered was not apparent. As the outgrowth of experience it soon became evident to the business management that the only trustworthy expectation must be founded upon mortality tables including none but assured, or approximately normal lives.

The selection of suitable material could not be made without skillful preliminary inquiry in every case. The recognition of this fact at once brought into demand the medical examiner. His relation of

necessity was that of an expert. Inferior qualifications must have resulted in the accumulation of unreliable data. Hence the aid of the best physicians in every community was sought by respectable companies for the important and responsible duty of passing competent judgment upon the material offered for their contemplated superstructure.

To these thousands of trained men in this country, the insurance companies are indebted for the construction of the American Table of Mortality of Assured Lives, which has been adopted as the standard for the valuation of policies far and wide, and upon which has been based the most trustworthy Expectation Table yet formulated.

It is self-evident that the early success of any insurance company, whatever else its basis, must include primarily the general soundness of the risks assumed. The money upon which the institution is started, and for a time maintained, comes originally from the payment of premiums. The sounder the risks the greater the probable number of premiums, and the resultant accumulation of capital. Until this accumulation is made and profitably invested in productive securities, the medical examiner occupies the front rank, and is held in high esteem. Ostensibly his rank is never lowered, nor his esteem diminished. This is true in so far as the exaction of service demanded is concerned. It is equally true that in proportion to the financial prosperity of the average insurance corporation the medical examiner is rated as a menial entitled to less consideration than an ordinary solicitor whose sufficient equipment is a knowledge of cent per cent, and the skill to persuade a man against his will. A possible explanation of this may be found in the fact that having secured an annual income from premium investments sufficient to meet with ease the demands of the expectation table, and the current expense accounts, it ceases to be necessary or desirable that every policy-holder should continue to pay to a finish. In other words an immense source of revenue or of accumulation is to be found in lapses.

We have seen it stated and never contradicted, that having received seven consecutive annual premiums any company could profitably afford to give the assured a paid up policy for its face value. So that practically every payment more than seven is clear gain to the company. Whether this estimate be correct, or whether nine or ten years be the limit, it becomes at once apparent that the expectation table assumes a secondary place; or, rather the probabilities indicate that the average applicant of generation age, *i. e.*, 33 years and under, whose expectation is from 33 to 41 years additional, will at least live seven years, and will at least pay seven premiums, with the chances for a few more. The older the average policy holder at the date of assurance, the greater the probability of an early lapse, by reason of

the burden of large premiums. So that a man of 50 years of age with expectation of 20.9 years will rarely be found to carry the load to his journey's end. The non-forfeiting feature does not militate against these suppositions as may readily appear to any who care to investigate below the surface. While therefore the maintenance of appearances demands a continuance of thorough medical examinations, it will not at all surprise us if in the near future, companies possessing sufficient remunerative investments to guarantee satisfactory dividends for stockholders and salaries for officers, shall dispense with examinations in all but exceptionally large risks, substituting therefor the affidavits of applicants on forms supplied through solicitors.

There can be no question that the *Equitable*, and the *New York* owe their magnificent prosperity to the conscientious care of their medical examiners during their formative periods. In the last report of the N. Y. State Insurance Examiner this statement is made concerning one of these companies: "I have caused the most exhaustive examination to be made of the medical department, and of all the methods in use for the exclusion of undesirable risks, the appointment and regulation of the medical examiners, and all the details connected with that service, and the inspection of risks. The result is most satisfactory, and the whole seems hardly susceptible of improvement." —

The medical examination blanks of both companies are elaborate in the minutiae of their details. The most rapid examiner can not comply with the requirements of either form in less than thirty minutes. In addition to diagnostic skill, detective insight, and predictive foresight are to be placed at the disposal of the companies in formulating a probability. The demands of personal business, and the pleasurable plea of personal comfort must alike be subordinated to the urgency of the solicitor, who fears the escape of an applicant, or his capture by a rival.

The compensation for the service has never been adequate. The fee hitherto paid by these and other first class companies has been no more than that charged by reputable physicans in the smaller cities for the physical examination of the chest of a patient. One may readily examine several such patients, and with painstaking care in the time required to write an insurance examination, to say nothing of the urinalysis.

It is a fact not generally known that some solicitors receive for their services approximately the entire first year's premium, while none receives so trifling a pittance as does he whose patient skill and judgment impart to the risk its sole value.

Under the new order of things the two companies named without

having made any change in the character of the examinations, have scaled the fees from three dollars up to ten, according to the amount of insurance applied for. Had there been ordered a reduction or scaling of compensation from the presidents down, or had the condition of the finances demanded general retrenchment, the medical force might possibly have endured their 40 per cent. horizontal with a not unpleasant sense of helping out in a pinch. But the financial exhibits show that never before in their history was either company so prosperous as now. No salaries have been reduced; but in one of them at least, a lucrative legal office has been created. Under these circumstances the treatment of the medical examiner is not only inexcusable, it is positively insulting. It is equivalent to saying to him: "Although the blank requires as great care and skill in examining an applicant for a 3000 dollar risk as for any larger sum, you may stretch your conscience up to three dollars worth. We have always suspected you to be honest, and it may be you are. But we believe you are no better than your betters, and that you will willingly, though cautiously, lie for a three dollar fee rather than lose it."

Whether or not any number of resignations, or of society resolutions may be expected to influence the money power to relent is wide open to wider doubt. Thirty years ago a similar combination fixing an uniform three dollar fee was made, but for some cause was soon abandoned. In some cities it was all that an examiner's ethical standing was worth to submit to the cut. Whether the persistent expression of medical sentiment had ought to do with the restoration of the fee to five dollars we do not know. However uncertain it merits a trial at the present juncture. If ineffectual, physicians should everywhere exert their influence in directing applicants to other companies just as reliable and more respectable. Meanwhile it goes without saying that so long as physical need and medical capability are found under the same hat, examiners will be available for all vacancies.

ASEPTOLIN.

Search for a reliable antidote to tuberculosis continues unabated. The character and ability of the investigators gives assurance of ultimate success, if that be attainable; and results thus far achieved in several different directions, warrant the reasonable hope that it may.

While serum experiments for a time offered the greatest encouragement, there can be no concealment of the fact that owing to the instability of serum products generally, and to the pronounced dislike on the part of patients to a commingling of broncho juice with their own gentle blue blood, a renewed impetus has been projected in the direction of the development of strictly medicinal antagonists. The latest

candidate for professional favor is the outcome of long and patient experimentation by Dr. Cyrus Edson, of New York, which as a mere matter of convenience he designates *Aseptolin*.

The drug is an aqueous solution of phenol and pilocarpine in definite proportions and under definite conditions.

As reported by Prof. Henry A. Mott its composition is:

Water	per cent. 97.2411
Phenol	2.7401
Pilocarpine-phenyl-hydroxide	0.0188

100

The composition of P.-p.-h. deduced by calculation he states to be:

Pilocarpine	per cent. 53.92
Phenol	46.08

100

In an exceedingly interesting article in the *New York Medical Record* for Feb. 8th, current, Dr. Edson assigns his theoretical and experimental reasons for the new treatment, fortified by reports of cases treated by himself and by a few practitioners of ability and integrity. The remedy is administered hypodermatically in the abdominal parietes with an initial dose of 50 to 70 minims, to be increased daily by 10 minims up to 100 minims or even 120. Usually 100 minims is a sufficient maximum dose, and should be maintained daily indefinitely, unless contraindicated by albuminuria, unusual nervous manifestations, persistent nausea, or other personal idiosyncrasy. As an adjunct deep inhalation (from a laryngeal Sass spray tube) of a freshly prepared ten per cent. ethereal solution of iodoform is used once or twice daily. Should this provoke cough it should be preceded by

Acidi Carbolici, 3 parts

Glycerini, 10 parts

Aquae Destil, 87 parts.

3. Sig. Use in globe or other inhaler.

After a few inhalations of this, iodoform and ether will be readily borne. Where persistent intolerance of ether exists he gives a ten per cent. solution of iodoform in olive oil in a globe or other nebulizer. The purpose of the use of the phenol is quite apparent, and in itself far from novel or original. Its renewed remedial application is based upon the assertion of reputable physiological chemists that during health phenol is a normal constituent of the urine of man and of some of the lower animals; and that during disease the per cent. present is enormously increased. The author's deduction is that the spontaneous elaboration of this germicide in certain infections, outlines for the physician a natural method of attack. To exterminate the recognized cause of disease without exterminating the patient has long been the problem. Dr. Edson believes he has solved it, in the discovery of a

solution of phenol which in efficient quantity is readily tolerated. He adds pilocarpine to the phenol solution, (1) to induce leucocytosis, (2) to stimulate glandular activity, and (3) because it is an expectorant and stimulant of secretion of very considerable power. The duration of treatment required evidently depends on individual impressibility and the stage of the disease:—from one month to several.

In 216 cases referred to at the conclusion of the paper improvement is reported in 212. Of the improved, 23 were discharged cured. In 66 cure is confidently expected by the observers. In 91 no prognosis can yet be made. In 32 the improvement was but temporary.

More extended reports are promised in the near future, and will be awaited with no little interest. The remedy divested of laboratory mystery is now within reach of the entire profession. By reason of its simplicity, safety, and facility of administration it will likely have a wider use than any other yet offered; and a few months will suffice to determine its status.

THE LODGE PHYSICIAN AGAIN.

The Orange County Medical Society has followed out the suggestion made in our editorial last month and pronounced against contract lodge practice. The evils of this custom are perhaps more readily seen in the country than in the city, but they are in reality probably worse in the city. From the character of some of the physicians who are thus employed we believe that they perform the duties of lodge physician against both their personal and professional convictions, but being *in* they do not see the way clear to free themselves from their condition. A resolution putting such a practice as contrary to medical ethics would give such men an easy and honorable retreat from their embarrassment. Then too it would be unjust to make an *ex post facto* law, but all physicians should be warned that at the expiration of their present contract, it is to be expected that they will not renew it, and it should be shown that it is regarded as a medical sin for any physician to hereafter occupy any such position. As far as we know the various Forester organizations, of which there are 25 lodges in Los Angeles, are the only ones here which are endeavoring to cheapen the value of physicians' services. Of course any action on our part will not prevent some from occupying their positions, but let the medical riff-raff rustle for the privilege of attending to the hypochondriacal and other woes of an exacting organization. This artificial pauperism of people on the one hand, and the humiliating acquiescence of the profession on the other, ought to be frowned down.

Perhaps, however, it would be better to gather the cranks of all classes into a society and call it the Ancient Order of Independent

Hypochondriacs, and put those physicians (if there are any) who are wedded to this system in charge and *compel* them to give their medical attendance for a dollar a year a head. All physicians doubtless have some patients they would willingly surrender to such a system.

Let the county society, the district society and the state society act against this pernicious custom, and then both the people and the profession will know how to regard a lodge physician. There *are* respectable men doing this work now, give them a chance to get out, and then we can freely express our opinions when a good patron is transferred by grand larceny from us to another man who is chosen solely because it costs nothing. Three great wrongs are done: to the patient who will doubtless get indifferent treatment, to the ethical physician who will lose his just reward, and to the *contracted* physician who will grudgingly hurry through a worse than pauper case. *Carthago delenda est.*

FATE OF A FAMOUS HEALTH RESORT.

Forty years ago Mentone was a healthy village in France, where lived peasantry happy in their farms and their superb physical state conditioned by the climate. It was discovered that the region was a most healing climate for consumptives, and it became the Mecca for the unfortunates of Europe so stricken. The inhabitants abandoned their farms to wait upon the strangers. The strong, healthy women forsook their dairies and became the washerwomen of the consumptives' clothes. No precautions were taken; the disease was not then understood as now, the theory of the tubercle bacillus not having been discovered. The place to-day is bacillus ridden, a pesthole, death itself. The hitherto strong inhabitants are emaciated, coughing, bleeding people filled with the germs of consumption. The soil and the air are both contaminated with them. It is no longer a resort. The same fate, it is believed, awaits many other similar health resorts unless active means are taken to destroy all germs. This will be a most difficult task, because consumptives themselves, as a rule, are not thoughtful of the danger they spread, or of the rights of others. They should bear in mind that if all others had been careful they, too, might have escaped.—*The Journal of Hygiene.*

The above is a timely warning to Southern Californians. A large proportion of our population has been brought here on account of disease, frequently owing to phthisis, and we must use every precaution against contagion and heredity if we hope to develop our people into a healthy race. We have been pleased recently in traveling on the electric cars to and fro between Los Angeles and Pasadena to see consumptive looking passengers take from their pockets neat little receptacles in which they expectorated. Such precautions will allay the apprehension justly felt of the dangers of association with the tuberculous.

THE STATE MEDICAL SOCIETY.

The State Medical Society will hold its annual session in Los Angeles, Tuesday, Wednesday and Thursday, April 21, 22 and 23. The *fiesta* occurs during the same week, and our medical visitors can combine business with pleasure. On account of the crowd, which will be here, visiting physicians should engage accommodations early. The local county societies should endeavor to increase their membership by desirable material, as by the constitution of the State Society no one can be a member of that organization unless he is first a member in good standing of his county society. The last meeting in Los Angeles, in 1890, was very successful both in acquisitions to membership and otherwise, and the southern counties ought to do better now than then, for they contain a great many more physicians than formerly. Let all work to make the State meeting a success.

EDITORIAL NOTES.

DR. J. T. WELCH has located in Holbrook, Arizona.

DR. M. V. WASHBURN, of Indiana, has located at El Modena.

DR. B. B. NESBIT, formerly of Pomona, has located in Los Angeles.

DR. E. A. DIAL, has opened an office in the Wilson Block, Los Angeles.

DR. W. L. BUSBY, who came to Pomona recently from Iowa, has decided to locate there.

DR. O. C. WELBURN, of Long Beach, has been appointed surgeon for that division of the Terminal Railroad.

THE Santa Barbara Medical Association had a general discussion on the subject of typhoid fever at its last meeting.

A communication from Mr. John Pratt, druggist, Gila Bend, A. T., states that there is a good opening at that point for an honest, temperate physician.

DR. GEO. S. HULL, who is spending the winter in Pasadena, has "hung out his sign" and will practice his specialty, eye, ear nose and throat, while there. His friends predict that, so well does he like our climate, he will locate permanently.

A PROPOSITION has been set on foot to organize a San Joaquin Valley District Medical Society to include the physicians of Fresno, Tulare, Kings, Kern and possibly Madera and Merced counties. This is a wise move, and we wish the contemplated organization success.

At the last meeting of the Pasadena Medical Association, Dr. Geo. S. Hull gave an interesting address on "Ocular Signs as Aids to Diagnosis." The officers for the ensuing year are: President, Dr. F. F.

Rowland; vice-president, Dr. C. A. Briggs; secretary and treasurer, Dr. John E. Janes; board of censors, Drs. E. A. Praeger, Frances Kearns and G. C. Somers.

QUITE an excitement was occasioned by a slight illness of Dr. I. B. Hamilton while visiting at Rosedale. He had had charge of some smallpox patients in Congress, Arizona, a short time previous to his visit and naturally the question arose as to the nature of his indisposition. To be on the safe side, a quarantine was established, but it was soon demonstrated that it was not smallpox.

DR. J. H. DAVISSON, president of the State Board of Health, reports that the contract for the construction of a quarantine station at Cabazon, a station on the Southern Pacific Railway beyond Banning, was signed by the board. A quarter section of land has been purchased at this place by the board, and the process of quarantining persons suspected of carrying germs of infectious diseases from Eastern States and Territories will be greatly facilitated by the establishment of the station.

THE Good Samaritan Hospital, near the corner of Seventh and Pearl streets, is now completed and in charge of an able superintendent, Mrs. McMasters. It is non-sectarian and has no medical staff. Its purpose is stated in its by-laws as follows: "It is the expressed intention of the hospital to minister to suffering humanity without distinction of race, creed or condition, and to forbid the entrance of no patient, nor such attendance, temporally or spiritually, as patients may desire."

THE last meeting of the Orange County Medical Association was held at the office of Dr. J. L. Dryer, who read a carefully prepared paper on Migraine. An important action on the part of the society was the passing of the following resolution by unanimous vote, there being a full attendance:

Resolved, That it is the sense of this association that contract labor for secret societies and also examinations at nominal rates for admission into or insurance in such societies is in violation of the code of ethics of the American Medical Association.

THE physicians in Pomona say that a crying need there is a room where surgical operations may be performed in an hour of need. Three times in the last seven months there have been men (tramps, to be sure,) run over by the cars there, and horribly mutilated. Each time the local doctors have been at their wits' end to know where to take the bleeding men to alleviate their sufferings and to help them by surgical operations. The Pomona City Trustees are to be petitioned on the subject. An apartment in the heart of the town, provided with an operating table, good lighting facilities and means of warming in

the colder weather are all that are needed. The doctors there, who have now become accustomed to working for nothing on surgical cases on unknown men, will supply the rest, including the instruments.—(*Colton News*.) It is to be hoped, for humanity's sake, that the city will comply with this most reasonable petition.

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By Wm. Osler, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins Ho-pital University and Physician in chief to the Johns Hopkins Hospital, Baltimore, etc. Second Edition. New York: D. Appleton & Co. \$5.50. 1895.

In May, 1892, we reviewed the first edition of this work and found that the crowning excellence of it was its modern pathology. It is slightly larger, containing now 1183 pages, printed in large clear type. This book seems indeed like an old friend, for it has been referred to by us more than other works in our library. Osler is not profuse in his pharmacopeia, but has a moderate and excellent list of drugs, and gives minute details as to management.

Under both Tuberculosis and Bright's disease, he speaks with favor of the climate of Southern California. For Tuberculosis he says: (p. 270) "Colorado and Southern California have this advantage for *early* cases—they are progressive, prosperous countries in which a man may find means of livelihood and live in comfort." The italics are ours, and we add that if the *early* cases come, and they should be the only ones to do so, they are almost sure to recover. For Bright's disease he favors (p. 797) the "warm, equable climate like that of Southern California."

For fever he strongly advocates hydrotherapy and in private practice rightfully recommends the luke warm bath gradually cooled (pp. 39-80). This latter method we have tried with marked success in malignant scarlet fever.

The article on Diphtheria has been entirely re-written and nearly doubled in length; he takes a pronounced stand in favor of the antitoxin treatment and "should be adopted (early) in cases of true diphtheria," (p. 123). He believes in immunizing exposed children. His experience agrees with that of the reviewer, amelioration usually begins within 24 hours after the injection.

In Pneumonia he advocates hardly any drugs except that "strychnine is one of the most valuable as a useful cardiac tonic." He advocates *early* bleeding in plethoric cases, but disadvises the use of heart depressants. He knows what is of great importance, viz.: what *not* to do. But among the greatest differences between the editions is the addition of the new but tried remedies. The use of thyroid extracts for myxedema for instance has this strong indorsement from the conservative Osler "the results, as a rule, are most astounding—unparalleled by anything in the whole range of curative measures. Within six weeks a poor feeble-minded, toad-like caricature of humanity may be restored to mental and bodily health." (p. 756).

He regards tuberculosis as a specific, infectious disease, sometimes inherited, all being exposed to it and if there be a vulnerability of the tissue (diathesis) and lowered vitality, the disease will probably grow to a fatal termination. In treatment he places first of all good food and pure air. He still advises the four general agencies, creosote, cod liver oil, the hypophosphite and arsenic and special

medication for symptoms as they arise, for cough, sweating, diarrhea, etc. In reference to specific treatment he says: (p. 273,) "The use of Koch's tuberculin has been in a great part abandoned; modifications of it are under trial by several trustworthy investigators, whose results may justify its adoption in suitable cases."

Osler's Practice of Medicine is too well known to need an introduction. We are pleased to recommend it to our readers and we are also very glad to say that the second edition is much more than a reprint but contains more careful changes, and judicious additions than it has been our fortune to witness in successive editions of the same work in a long time.

A MANUAL OF SYPHILIS AND THE VENEREAL DISEASES. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, Ch., and Frank H. Montgomery, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, and Chief Assistant to the Clinic for Skin and Venereal Diseases, Rush Medical College. With 44 illustrations in the text and 8 full-page plates in colors and tints. Philadelphia: W. B. Saunders, 935 Walnut St. 1895. \$2.50.

This is a book for the student and general practitioner; its aim is to give in detail a compend of the practical points in the diagnosis and treatment of skin and venereal diseases. It includes among these disorders, gonorrhœa, soft chancre and syphilis. Of gonorrhœa, it states it probably destroys more lives annually than does syphilis; of soft chancre, it concludes, "its perpetuation for years with a damage resulting to rectum, vulva and abdominal wall, with the production of marked cachexia, often renders that affection one even of greater severity than the milder cases of syphilis." It makes the following classification of skin eruptions:

- I. Maculæ: (a) Pigmentary; (b) Erythematous; (c) Purpuric.
- II. Papular: (a) Miliary; (b) Lenticular (moist); (c) Mucous; (d) Condylomata (dry).
- III. Pustular: (a) Miliary; (b) Lenticular.
- IV. Tubercular.
- V. Gummatous.

It discards the term syphilitic psoriasis and substitutes squamous skin lesion of the specific disorder present.

The moral tone of the work can be judged from the following quotation: "The great safeguard against syphilis is sexual morality, without which no safeguards are worthy of the name. It has been held by writers that for young men this is too lofty an ideal, but such writers have no practical knowledge of the moral standard, upheld by many of the wisest thinkers and realized by thousands of self-denying youths in every community."

From page 316 to 322 there is in tabular form the most minute and complete differential diagnosis between venereal lesions and herpes, and local disorders of the skin and mucous membrane that the reviewer has ever seen. The few pages of differences between chancroid and chancre, condense all that is practically known on the diagnosis of these infections.

On page 361, it says, "It is now generally conceded that the active motor in the production of gonorrhœa, is the gonococcus of Neisser. That there is a syphilis germ it has no doubt, and it pictures the bacillus of Querey, the probable micro-organism of soft chancre.

Altogether the subjects are handled in a clean, scientific and intelligible manner, and this is a work of high merit above the medium grade, especially intended for the general practitioner rather than the specialist.

PRINCIPLES OF SURGERY. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Ex-President American Surgical Association, etc. etc. Second Edition. Thoroughly Revised. Illustrated with 178 Wood-Engravings and Five (5) Colored Plates. Royal Octavo, Pages xvi, 656. Extra Cloth, \$4.50 net; Sheep or Half-Russia, \$5.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Last October it was our privilege to review an admirable work by the same author on the Pathology and Surgical Treatment of Tumors, and now we are equally pleased to present to our readers a second edition of the Principles of Surgery, which embraces all topics save those treated in the above mentioned volume. Thus the great western surgical pathologist gives his views to the profession in two valuable volumes, where the eastern Warren in a slightly more condensed form writes but one. Of course Senn's surgery is modern in all respects, and it treats of the fundamental principles of the science in a pleasing, positive yet tolerant manner; it is a "systematic treatise on the causation, pathology, diagnosis, prognosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat." It keeps constantly in view the cellular processes in regeneration and inflammation, and the etiological relationship between micro-organisms and pathological processes. It is a work for the true student, one that shows the painstaking, persistent and scientific labor of the author who goes to the utmost limits of the science he so ably practices. The book contains two chapters on regeneration, inflammation, necrosis and suppuration; five on surgical tuberculosis and one on pathogenic bacteria, ulceration, osteomyelitis, suppuration in cavities, septicemia, pyemia, erysipelas, tetanus, hydrophobia, actinomycosis, anthrax and glanders. The two articles on septicæmia and pyemia and the one on pathogenic bacteria are indeed medical classics. This is a book that a modern surgeon must have to form a groundwork for a proper understanding and a thorough appreciation of the necessity for the minute details of modern operative surgery. A lazy and a falsely so-called practical man will not need it. He will not have the patience to follow the researches. But such persons have no business to practice medicine; they should be relegated to the dead past where they belong. The modernness of this book can be judged from the fact that it discusses the antitoxin treatment of tetanus. This is a work which needs no eulogism, it speaks for itself and will be esteemed by the physicians of the west, as the work of one of their own number, and unsurpassed by any of its kind in the English language.

MANUAL OF GYNECOLOGY. By Henry T. Byford, M. D., Professor of Gynecology and Clinical Gynecology, in the College of Physicians and Surgeons of Chicago, etc. Containing two hundred and thirty four illustrations, many of which are original. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1895. \$2.50.

This is a text book written by a practical teacher for students, and also to guide the young practitioner. The text is in two types: the essential in large, clear type for the student, and some of the minor details in smaller letters. It is clearly and judiciously illustrated. The work is divided into the ten following parts:

- I. Diagnosis and Treatment.
- II. Development and Anomalies of Development.
- III. Functional and Nervous Diseases.
- IV. Traumatic Lesions of the Genital Tract.
- V. Displacements.
- VI. Inflammatory Lesions.
- VII. Genital Tuberculosis.

VIII. Malignant Diseases.

IX. Tumors of the Female Genital Organs.

X. Ectopic Pregnancy, Pelvic Hæmatocele, and Pelvic Hæmatoma.

The first seventy pages are most admirable in gynecological technic and after-treatment of operations.

In looking over the work the reviewer was struck with its straight-forwardness and precision. It is, evidently, written by one familiar with and believing in the importance of detail. As success nowadays is so largely the outcome of obedience to minuteness of antiseptic and aseptic precautions, it is well to have for students a work which will strenuously and particularly emphasize this, the distinguishing features of modern gynecological, as well as other surgery. After these important introductory chapters, he discourses briefly and directly upon the salient points in diagnosis and treatment of the various affections outlined above.

This work does not pretend to be extensive, and for operations of unusual character the practitioner is referred to larger books, but as a manual of the essentials of practical gynecology, it is a pronounced success. The character and ability of the author, both as a surgeon and writer, add weight to the contents of the volume. It is a book that a senior student and recent graduate ought to have, and also be thoroughly familiar with, especially with the details of preparatory operation and after-management of cases.

DONT'S FOR CONSUMPTIVES, OR THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS, is the title of a book which, under the authorship of Dr. Charles Wilson Ingraham, will soon (about Feb. 10th) be issued by the Medical Reporter Publishing Co., of Rochester, N. Y. The complete work of 35 chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever being made to drug treatments. The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the consumptive." With this book in the hands of his patient the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given those chapters pertaining to destruction of tubercular infection. The book will be printed on 72-pound antique book paper, bound in cloth (imitation morocco), with title in gold leaf. Price, \$1.75.

THE January (1896) number of *The Alienist and Neurologist* contains: Sexual Perversion, by Wm. Lee Howard, M.D., Baltimore, Md.; The Sensory Nervous System in Diagnosis, by C. H. Hughes, M.D., St. Louis; The Polynuritic Psychosis, Critical Review, by G. C. Ferrai; Primary Haematomyelia, Traumatic or Non-Traumatic, by W. B. Outten, M.D., St. Louis, besides the usual selections, editorials, reviews, book notices, etc. C. H. Hughes, M.D., editor. Subscription, \$5.00 per annum, single copies \$1.50. 3757 Olive street, St. Louis, Mo.

P. BLAKISTON, SON & Co., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M.D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The history, etiology, symptoms, diagnosis, operative treatment, prognosis, and complications of this disease will be given in the order named. It will contain forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of January, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY																																																																							
	Max.	Min.	Mean																																																																									
1	73	50	62	0	<p>MONTHLY RANGE OF BAROMETER: <i>Mean Atmospheric Pressure</i>, 30.07. Highest pressure, 30.24, date 7. Lowest pressure, 29.75, date 29. <i>Mean Temperature</i>, 58. Highest temperature 87°, date 9. Lowest temperature 36°, date 6. Greatest daily range of temperature 39°, date 7. Least daily range of temperature 6°, date 16.</p> <p>MEAN TEMPERATURE FOR THIS MONTH IN</p> <table><tr><td>1876</td><td>1883</td><td>53</td><td>1890</td><td>49°</td></tr><tr><td>1877</td><td>1884</td><td>51</td><td>1891</td><td>50°</td></tr><tr><td>1878</td><td>1885</td><td>55</td><td>1892</td><td>57°</td></tr><tr><td>1879</td><td>1886</td><td>55</td><td>1893</td><td>57°</td></tr><tr><td>1880</td><td>1887</td><td>55</td><td>1894</td><td>51°</td></tr><tr><td>1881</td><td>1888</td><td>50</td><td>1895</td><td>56°</td></tr><tr><td>1882</td><td>1889</td><td>52</td><td>1896</td><td>58°</td></tr></table> <p>Mean temperature for this month for 18 years, 53° Average excess of daily mean temp. during month, 4.4° Accumulated excess of daily mean temp. since Jan. 1, 136° Average daily excess since January 1, 4.4 of a degree. Prevailing direction of wind, West. Total movement of wind, 2614 miles. Maximum velocity of wind, direction, and date, 20m, NW, 29. <i>Total Precipitation</i>, 3.23 inches. Number of days on which .01 inch or more of precipitation fell, 9. Mean Dew Point, 42° Mean Relative Humidity, 68 per cent.</p> <p>TOTAL PRECIPITATION FOR THIS MONTH IN</p> <table><tr><td>1870</td><td>3.59</td><td>1885</td><td>1.05</td><td>1891</td><td>.25</td></tr><tr><td>1880</td><td>1.33</td><td>1886</td><td>7.72</td><td>1892</td><td>.88</td></tr><tr><td>1881</td><td>1.43</td><td>1887</td><td>.20</td><td>1893</td><td>6.29</td></tr><tr><td>1882</td><td>1.01</td><td>1888</td><td>0.04</td><td>1894</td><td>.04</td></tr><tr><td>1883</td><td>1.62</td><td>1889</td><td>.25</td><td>1895</td><td>5.84</td></tr><tr><td>1884</td><td>3.15</td><td>1890</td><td>7.23</td><td>1896</td><td>3.23</td></tr></table> <p>Average precip'n for this month for 18 years, 2.07. Total excess in precipitation during month, .26 inches. Accumulated excess in precipitation since Jan. 1, .26 inches. Number of clear days, 9. " partly cloudy days, 14. " cloudy days, 8. Dates of Frost, Light, 3, 6, 7.</p>	1876	1883	53	1890	49°	1877	1884	51	1891	50°	1878	1885	55	1892	57°	1879	1886	55	1893	57°	1880	1887	55	1894	51°	1881	1888	50	1895	56°	1882	1889	52	1896	58°	1870	3.59	1885	1.05	1891	.25	1880	1.33	1886	7.72	1892	.88	1881	1.43	1887	.20	1893	6.29	1882	1.01	1888	0.04	1894	.04	1883	1.62	1889	.25	1895	5.84	1884	3.15	1890	7.23	1896	3.23
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26	72	49	60	0																																																																								
27	51	47	50	1.28																																																																								
28	64	48	56	.45																																																																								
29	60	49	54	0																																																																								
30	70	46	58	0																																																																								
31	71	44	58	0																																																																								

NOTE.—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JANUARY, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles	58	87	39	30.07	68	9	3.23	9	14	8	W	2,614
San Diego	59	77	37	30.00	73	7	1.27	13	13	5	N E	2,791
Santa Barbara	59.3	77	40	30.03	74	6	6.84	15	1	12	W	2,793
Yuma	55	80	34	30.03	41	1	.14	17	10	4	N	4,440
Ontario	55	92	28	30.03	41	6	2.02	12	3	10	W	.....
Pasadena	54.1	79	42	30.03	41	1	2.71	12	3	10	W	.....
Redlands	53.5	73	34	30.03	41	1	1.29	12	3	10	W	.....
San Bernardino	54.2	82	29	30.03	41	1	2.02	10	9	6	W	.....
Riverside	54.6	81	30	30.03	41	5	1.60	10	1	8	N	.....
Santa Ana	54.6	81	30	30.03	41	5	1.60	10	1	8	N	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearn, U. S. Weather Bureau, San Diego; Hiram D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

MORTALITY OF LOS ANGELES.

77

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000

January, 1896.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE	
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes.....	129	15.12	66	63	43	10	55	37	142	4	...
Deaths under 5 years.....	20	...	...	...	...	...	...	...	...	...	...
i. Specific infectious diseases.....	34	4.25	13	19	0	4	17	5	12	...	...
ii. Diseases of digestive system.....	9	1.08	0	3	4	4	4	8	1	...	...
iii. Diseases of respiratory system.....	37	4.44	20	17	0	4	19	8	35	4	...
iv. Diseases of nervous system.....	5	.60	4	1	...	1	1	3	1	1	...
v. Diseases of circulatory system, blood and ductless glands.....	12	1.41	7	5	...	...	5	7	12	...	...
vii. Diseases of genito-urinary organs.....	5	.60	4	3	...	...	3	2	5	...	...
viii. Constitutional diseases.....	9	1.08	4	5	4	...	4	1	9	...	...
ix. Intoxication, violence, accidents.....	7	.84	5	2	1	1	2	3	2	...	...
i. Miscellaneous diseases.....	10	1.20	5	5	2	...	3	5	10	...	...
Septicæmia.....	1	.12	1	1	...	...	...	1	1	...	...
Pyæmia.....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria.....	3	.37	1	2	...	...	3	...	3	...	...
Erysipelas.....	...	...	...	...	...	...	...	...	...	...	...
Typhus fever.....	...	...	...	...	...	...	...	...	...	...	...
Typhoid fever.....	4	.48	1	3	...	2	2	...	4	...	...
Malaria fever.....	1	.12	1	...	...	...	...	...	1	...	...
Scarlet fever.....	1	.12	...	1	1	...	...	...	1	...	...
Measles.....	4	.48	1	3	3	...	1	...	3	...	...
Cerebro-spinal meningitis.....	3	.37	1	2	...	...	3	...	3	...	...
Smallpox.....	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis.....	13	1.56	7	6	2	2	5	1	13	...	...
Influenza.....	1	.12	...	...	...	...	...	...	1	...	...
Dysentery.....	...	...	...	...	...	...	...	...	...	...	...
Syphilis.....	...	...	...	...	...	...	...	...	...	...	...
Tetanus.....	...	...	...	...	...	...	...	...	...	...	...
ii. Diseases of the esophagus.....	...	...	...	...	...	...	...	...	...	...	...
Gastritis.....	1	.12	1	...	...	...	...	1	1	...	...
Enteritis.....	1	.12	1	...	...	...	...	1	1	...	...
Gastro-enteritis.....	...	...	...	...	...	...	...	...	...	...	...
Cholera infantum.....	...	...	...	...	...	...	...	...	...	...	...
Enterocolitis.....	2	.24	...	2	1	...	1	...	1	1	...
Appendicitis.....	...	...	...	...	...	...	...	...	...	...	...
Intestinal obstruction.....	...	...	...	...	...	...	...	...	...	...	...
Diseases of liver.....	2	.24	2	...	...	...	2	...	2	...	...
iii. Membranous croup.....	1	.12	1	...	...	...	...	...	1	...	...
Bronchitis.....	7	.84	2	5	3	...	3	1	7	...	...
Pneumonitis.....	17	2.04	9	8	5	2	9	4	15	2	...
Pleuritis.....	1	.12	1	...	...	...	1	...	1	...	...
Phthisis.....	10	1.20	7	3	...	1	7	2	10	...	...
iv. Diseases of brain.....	4	.48	3	1	...	...	...	3	3	...	...
Diseases of spinal cord.....	...	...	...	...	...	...	...	...	...	...	...
Neuritis.....	...	...	...	...	...	...	...	...	...	...	...
Epilepsy.....	1	.12	...	...	...	...	...	...	...	...	...
v. Diseases of heart.....	12	1.41	7	5	...	...	5	7	12	...	...
Degeneration of arteries.....	...	...	...	...	...	...	...	...	...	...	...
Aneurism.....	...	...	...	...	...	...	...	...	...	...	...
Anæmia.....	...	...	...	...	...	...	...	...	...	...	...
vi. Uræmia.....	4	.48	...	...	...	...	...	4	1	...	...
Cystitis.....	1	.12	...	...	...	...	...	...	...	...	...
Chronic Bright's disease.....	2	.24	...	2	...	...	2	...	2	...	...
Nephritis.....	3	.37	...	3	...	...	...	3	...	...	...
vii. Rheumatism.....	2	.24	...	2	...	...	...	...	2	...	...
Gout.....	...	...	...	...	...	...	...	...	...	...	...
Diabetes.....	...	...	...	...	...	...	...	...	...	...	...
Imanition.....	...	...	...	...	...	...	...	...	...	...	...
Scurlitis and Asthenia.....	4	.48	...	4	...	...	...	4	...	...	...
viii. Alcoholism.....	2	.24	...	2	...	...	...	2	...	...	...
Opium habit.....	...	...	...	...	...	...	...	...	...	...	...
Suicide.....	2	.24	...	2	...	...	...	...	2	...	...
Violence and accidents.....	3	.37	...	3	...	...	...	...	3	...	...
ix. Tumors—malignant.....	2	.24	...	2	...	...	...	...	2	...	...
Tumors—non-malignant.....	1	.12	...	1	...	...	...	...	1	...	...
Other diseases.....	7	.84	4	3	2	1	3	7	7	...	...

E. W. STEPHENSON, M. D., Health Officer.

OUR ADVERTISERS.

IN MEMORIAM. MARY HARRIS THOMPSON.

The board of managers of the Mary Thompson Hospital of Chicago, for Women and Children, will soon publish a volume in memoriam of the founder of the institution, the late Dr. Thompson.

This book will contain a biographical sketch, a history of the hospital, numerous testimonials, and the funeral address of Rev. Dr. Lawrence. It will appear in fine cloth binding, on extra paper, and be prefaced by a portrait.

In order to determine the number of copies to be printed, parties wishing one or more are requested to kindly notify the secretary, Mrs. George Oberne, 1147 N. Clark street, Chicago, Ill., as soon as possible. Price, \$1.00 each; the money to be paid on the delivery of the book.—Chicago, Jan. 25, 1896.

THE DECADENCE OF OPIUM.

Wendell Reber, A.M., M.D., Pottsville, Pa., Oculist and Aurist to the Children's Home, under the above caption in the *Buffalo Medical Journal*, writes: "We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere.

"In the acute stages of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. But here, the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy.

"Among the latter, perhaps none has met with so grateful a reception as antikamnia, and justly so; for among all the contributions of pharmaceutical chemistry, none so fully merits our confidence as this one.

"Given a frontal-temporal-vertical or occipital neuralgia growing out of an uncorrected ocular defect, it will almost invariably arrest the head pain, until such time as the ocular trouble can be corrected with glasses. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, it is of signal service, contributing much to the comfort of the patient; and, I have sometimes thought, exerting an undeniable influence over the ocular disease. In this last group of cases I have seen the most benign effects follow the hourly administration of ten grs. of antikamnia until the pain is relieved. It will seldom be necessary to exceed sixty grains of the drug.

"Its range of application is wide. It is of positive value in certain forms of dysmenorrhœa; it has served me well in the pleuritic pains of advancing pneumonia, and in the arthralgias of acute rheumatism; on several occasions, I have been able to allay with it the lightning, lancinating pains of locomotor ataxia; but nowhere do I employ it with such confidence as in the neuralgias, limited to the area of distribution of the fifth nerve. Here its action is almost specific; surpassing even the effect of aconite over this nerve."

SUBSTITUTION.

Dr. C. F. Tucker of Syracuse, N. Y., January 9th, 1896, writes: "Some time ago, when I was doing a country practice in Jordan, Onondago Co., N. Y., I wrote Messrs. Battle & Co. that I could not get the uniform results from Bromidia that I had previously. They sent me a 4-oz. sample and that was all right, and I still have on hand a little of that particular sample.

"The party who had dispensed my prescriptions, after I had expressed my

opinion very strong, confessed that *he had purchased a considerable quantity of a mixture at a less price, said to contain exactly the same ingredients, and had been dispensing that when Bromidia was prescribed.*

"After that I had no more trouble, and I can truthfully say that you can find it in my emergency case, office, and in my regular "grip" always, and I have never seen anything but perfect satisfaction attending its use, and I have given it to patients of all ages and about every condition.

"I have used it in the last stages of pulmonary tuberculosis, and in severe cases of bronchitis; in delirium tremens, etc., and I always use it when I want a certain hypnotic.

"I have used it in doses of two minims up to 2 and 3 drachms. It is one of the mixtures of so-called treacherous chloral that has never, thus far, caused alarm. I have been familiar with Bromidia since away back in the '80s, when I was a clerk in a drug store; and since I have been practicing, I still regard it as a reliable old friend, and so it has proved on many occasions."

EXTRACT FROM AN ARTICLE ON "RHEUMATISM, ITS PATHOLOGY AND MODERN TREATMENT," read before the Lucas County Medical Association, December 14th, 1895, by R. H. Timpany, M.D., Toledo, Ohio:

"In summing up the testimony, it is clear to be seen that the salicylates are a most valuable remedy in acute rheumatism, as well as some of the chronic forms. As a matter of fact, the beneficial results obtained is something like 71.3 per cent. In two cases, one of which was acute, and the other that might be classified in the sub-acute stage, I received the most gratifying results in the preparation known as Tongaline. There seems to be in this preparation enough of the salicylates to have the desired effect upon the disease proper, and yet produce little effect on the circulation. It is a well known fact that when the salicylates are thrown into the veins, the effect is to increase the energy of the systolic contractions, the number of pulsations and the blood pressure. It seems that under the influence of increasing doses, the vessels dilate, the blood pressure falls, and finally the heart is arrested. In the resume of the use of the salicylates I am lead to believe that the heart lesions which follow rheumatism, can be traced more pointedly to the toxic doses of the salicylates than the disease itself. But the preparations, which I have heretofore mentioned, combined with its other ingredients, fail to produce those distressing and disagreeable features which doubtless many of you have encountered."—(February number American Medical Compend.) •

WE would call attention to the advertisement on page vii, of the Peirounet Chemical Co., of our own city; also that of the Cassia Drug Co., of East Los Angeles, on the same page.

A. C. MESSENGER, Resident Physician, Soldiers' and Sailors' Orphans Home, Xenia, Ohio, April 1st, 1895.—"During the past winter we had an outbreak of whooping cough at this institution, having about 60 cases. They were all treated by inhalations of your Vapo-Cresolene without other treatment. In these cases they all made uneventful recoveries without complications. I unhesitatingly recommend your preparation for whooping cough."

W. C. FREDERICK, M.D., LOND., ARK., says: "I have used "S. H. Kennedy's Extract of Pinus Canadensis" (dark), one to three in water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who had been afflicted over a year with otorrhea. Have been using as an injection two drachms of "S. H. Kennedy's Extract of Pinus Canadensis" to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks."

NEUROSINE.

The most powerful neurotic attainable, anodyne and hypnotic. A reliable and trustworthy remedy for the relief of hysteria, epilepsy, neurasthenia, mania, chorea, uterine congestion, migraine, neuralgia and all convulsive and reflex neuroses. The remedy par excellence in restlessness of fevers. Producing natural sleep. Composition, chemically pure bromides of potassium, sodium and ammonium, zinc, extract belladonna, cannabis indica and cascara sagrada with aromatic elixirs. The medicinal effects of which the profession are well acquainted.

CRONIC DRY NASAL CATARRH.

The following prescription is recommended by one who has successfully tried it for chronic dry nasal catarrh:

1 oz. liquid vaseline.

$\frac{3}{4}$ oz. Sanmetto.

$\frac{1}{4}$ oz. glycerine.

To be used as a spray three times daily through an atomizer, and to take internally Sanmetto in teaspoonful doses four times a day.

I have used your Pineoline as a dressing to old sores and inflamed surfaces; sometimes combined with sol. acid carbolie, a few drops well mixed, with fine satisfaction, it being one of the neatest and cleanest dressings I ever used with no offensive odor to the patient, or others applying it. It will speak for itself.

Michigan City, Ind.

W. H. GRAY, M.D.

BAILY & FAIRCHILD CO., of New York, take pleasure in announcing to the medical profession the establishment of the "Doctor's Story Series," to be issued quarterly at \$2.00 per year, 50 cents a number. Each number will consist of a complete work of fiction by medical authors. Only such works as are of established value will be reproduced in this popular form. King's "Stories of a Country Doctor" will be issued in January, 1896, to be followed in March by Dr. Phillip's wonderful novel "Miskell" and later by a novel now in preparation by the same author.

Abstract from letter written by a physician in charge of one of the principal Orphans' Homes in California:—"I have been using Malto Fer quite considerably as a general tonic for the children, with the most gratifying results. It builds them up and improves the appetite. Mr. ——— had a very sick child about ten years old who came out from the East; he was debilitated from running sores and running ears. I put him on Malto Fer and noticed marked improvement after using two or three bottles. He gained in weight, his appetite increased, and running of the sores has ceased entirely. I can recommend Malto Fer very highly as a general tonic."

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XI.

LOS ANGELES, MARCH, 1896.

No. 3

H. BERT ELLIS, M.D.,
F. D. BULLARD, A.M., M.D.,

EDITORS AND PROPRIETORS.

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ORIGINAL.

ELECTRIC HUMBUGGERY.*

BY GEO. S. HULL, M.D., SC.D., CHAMBERSBURG, PA.

While medical men, electrically inclined, are arguing and disagreeing concerning the uses of galvanic and faradic electricity as therapeutic measures, and are differing as to the forms of apparatus most suitable for the generation and application of the current, there are many non-professional men who are directly interested in the financial side of the question, and apparently care but little for the scientific aspect. When we reflect upon the strong hold the supposed curative power of this mysterious force we call electricity, has upon the human mind, we do not wonder that men outside of the medical profession take advantage of this fact as a means of enriching themselves. Some of them we may give credit for being honest, though they are mistaken; but there are many who are perpetrators of frauds, outright.

I do not like to think that electric humbuggery is ever practiced by the medical profession, but there are some electric enthusiasts with dangerously small amounts of electric knowledge, who come very near to the line.

We purpose this evening asking your time to the consideration of some of the phases of electric humbuggery, deeming the subject of sufficient importance to present to you for discussion.

To be impressed with the extent of electric humbuggery one has but to look through the advertising pages of our popular magazines—not the medical ones I am glad to say. A writer in a late issue of *Electrical Review* tells us that "one of the largest proprietors of so-called electro-therapeutical appliances is now making 250,000 dollars a year, and has advertisements in nearly every important paper in England."

As the so-called electro-therapeutic belt furnishes a large part of this man's

*Read before the Los Angeles County Medical Association, Feb. 21, 1896.

income, we will consider such devices first. They are variously made, some of them being incapable of originating currents under any circumstances. When honestly made they are most apt to be composed of alternate discs of zinc and copper, the elements of an ordinary galvanic cell. The moist skin, of course, must furnish the battery fluid or electrolyte. A careful examination of one of the most celebrated of these belts showed it to be incapable of generating a current stronger than from one-fivehundredth to one-fourhundredth of a milliamperé; now, granting that all this current could enter the body, we would have a dose of the strength of about one-eighthundredth of what the medical electrician calls his minimum current. But how much of this current actually enters the body? It has chances to pass through the underclothing, and through the web of the belt, both being better conductors when moistened by the perspiration; also it may pass through the skin; but how much of it gets into the deeper muscular tissues would be hard to figure out—possibly one could come nearest the truth by saying, none at all. If an electric belt strengthens a man's back, it must do so by the weight of zinc and copper exercising the weak muscles there, or by its irritation stimulating the circulation, or, and more likely, by the man's faith in it relieving him of some imaginary trouble there. Certainly there is no electricity worth speaking of generated by the belt, and if so, no way of getting it into the muscles.

The electric hair-brush seems to add to its claims as an electric appliance because it deflects the needle of a small compass which accompanies it. A small concealed magnet may accomplish all this, which seems to the uninitiated so extraordinary; but the feeble amperian currents in the magnet can never reach the hair follicles. If the brush has good, stiff bristles, and is faithfully used, friction may accomplish something, but not electricity.

At our late Columbian Exposition I saw an electric towel, which actually gave a strong faradic current, and was capable of making the skin tingle. It had an induction coil attached to it, and, of course, was a legitimate piece of electric apparatus. I was prepared to admit its claims as a means for stimulating the skin in the absence of a good flesh-brush, and was not disposed to find fault with it, other than that it might necessitate the services of an electrician to keep it in order; but I was very far from accepting the statements paraded in the circulars accompanying it, that it would cure "all forms of skin diseases," and that it destroyed the germs of typhoid fever—in fact, "all health-destroying germs in the blood and system." The same firm exhibited an "electric head-band, with an extra attachment for removing wrinkles;" also an "electric corset" for removing extra stoutness, and which had been worn and was recommended by "Lady Jersey" and other ladies. Indeed the ingenuity of these inventors has been taxed to its utmost to devise electric appliances for the various parts of the body. One man even evolved an "Electric Inhaler," which he claimed would revivify one after he had "been out with the boys;" he had only to "smell the electricity" repeatedly, in order to become himself again. Here the pungent odor of oil of mustard was likely the active principle, as no electricity could be generated by the device, much less inhaled. He also claimed that the same inhaler would pass so much electricity through the skin, in cases of neuralgia, as to raise a blister upon the surface—so it would, but a good mustard-plaster would do the same just as readily, and at a much less expense, even if it did not look so handsome as the finely plated "inhaler," whose active principle was the same as that of the mustard-plaster.

The much advertised "Anti-rheumatic Ring" is but a small bit of metal, but it has huge claims to meet. It is not claimed for it that it is "charged with elec-

tricity," but that the "heat and moisture of the fingers," and the "acid which the ring draws from the system combine to generate a mild current," and this current quickens the circulation, thus enabling the blood to throw off impurities. It is directed to be worn on the left hand, as here "its action draws and keeps the trouble from the heart." (What nonsense!) It is needless to say that electricity plays no part in the supposed action of this ring. That it becomes discolored may be accounted for, easily, by the action of the sulphur in the exudation from the skin, and is no evidence whatever that electricity is generated and passed into the body.

We now take up a class of so-called electric devices, which are said by the owners to furnish oxygen, or ozone, to the blood. We will consider but two of these. First, the "Thermo Ozone Battery," invented and pushed by a man who attaches M.D. to his name. This device consists of a cylinder, containing "a series of metallic plates, placed longitudinally and connected by loops, to which are fastened the terminal wires for conveying a positive and negative current." When put into action it is placed in the cold, and the discs, which are connected with it by the terminal wires, are applied to the body, wet sponges being placed between them and the skin. The remedial effect is dependent upon the marvelous claim that a "continuous current of galvanism sets free all the oxygen in the water in the sponges, and liberates light oxygen from the air surrounding the discs." This oxygen the inventor asserts enters "the veins," the home of parasites, microbes, etc., and destroys them. He further states that this effect is based upon "well-known bacteriological principles." (We plead ignorance concerning these principles.)

The second one is the widely advertised "Electropoise," with its profusion of recommendations from men eminent in almost all the walks in life. It professes to cure nearly all acute and chronic diseases, syphilis possibly excepted. This instrument consists of a cylinder called a "polarizer" filled with "imperishable material" (finely ground graphite and sulphur) and connected by a silk cord, enclosing fine copper wires, with a plate, which is to be secured to the wrist or ankle. The cylinder is made cold, and the plate warm, and then the action is supposed to begin—what is it? The original claim seems to be that there is produced "polar attraction" (whatever that may be) on the surface of the body causing the skin to absorb oxygen from the air into the system. A later claim seems to be that the electropoise actually generates nerve force and gives it to the system. As to the original claim. Oxygen is stated to be "the great vitalizer" (not far wrong here). All disease is due to "devitalization of the blood" (this may be questioned). Oxygen cannot be produced by the chemist as pure as it exists in the air, nor can it be put in sufficient quantities into the circulation through the lungs (we certainly can't agree here); but it can be produced pure, and administered in the exact quantities needed by the use of the electropoise, which accomplishes this by a process called "electrolibration" (we call this statement unwarranted, which is our mildest term, and, further, feel like saying of these mystifying terms used by the electropoise people, that they are, what Lord Kelvin called Keeley's nomenclature, "arrant gibberish.") If we grant that the so-called "polar attraction" is produced by electricity generated by the polarizer, then how about the claim of its containing "imperishable material," and that it "does not lose in value by age?" An electric battery which would never run down would be a valuable acquisition, indeed, to the electrician; but such a thing is an impossibility. If electricity is generated by the battery in the cylinder, it must run down; if it is only a thermal current, then, why the use of all this complicated-looking, mystifying apparatus, which costs so much as fifty dollars, when

a tin can and a metal plate, connected by a piece of common office wire, would answer the same purpose? There is a special attachment to one of the forms of this instrument, called a "protector," which is said to "destroy contagion in the sick-room;" how it does so is not stated; that it does no such thing may be affirmed, of course.

Now as to the second claim, put forth by Beverly Oliver Kinnear, M.D., in the *New Science Review* for January. He seems to ignore the claim that the electropoise polarizes the surface of the body and causes it to absorb oxygen, and, instead, puts forth the even more preposterous one that it furnishes "neither more nor less than nerve force." We have the information, through him, that the current furnished by the electropoise is, according to the tests made by an expert electrician in Washington, "five millionths of an ampere, with a resistance (sic) of one-thousandth of a volt." So the polarizer, according to this statement, produces a current of electricity; this he at once calls "thermal force," and then by a little further reasoning (?) argues himself into the belief that this thermal force is nerve force, and delightfully tells us how it can be supplied to sick persons, "ad libitum," thus renewing their vigor, etc.; but, alas, he warns us, and we shiver at the thought, that if we should reverse the process and put the cylinder in hot water and make the "treatment plate" cold, the nerve force would go from the body (doesn't say where, but we infer into the cylinder), and the whole system be exhausted even to the production of a chill (we might agree to this if the treatment plate were large enough, the water icy enough and the time of application sufficiently prolonged.) It would seem but fair that the doctor in making such a stupendous assertion that electricity is nerve force, should advance some arguments in favor of his position; but he gives not one. He should know that there are serious obstacles to be overcome before electricity can be said to be identical with nerve force.

True, electricity will influence animal life in ways not thoroughly understood; recent experiments with paramecia show that these simple organisms move with the current in the water from anode to cathode; also that tadpoles are more comfortable in water, when their heads are towards the anode, and the current is, as it were, stroking them down their backs. We are also aware of the good effects of electricity upon the growth of plants, etc., but yet we seem very far from having any direct proof that electricity and nerve force are identical.

We mention but one more statement of the doctor's. In trying to account for the return circuit from the body to the battery (and which is very necessary in applying electricity to the body, but which should not concern the doctor if nerve force is what he thinks is pumped in) he says that the electricity gets back through the air to the polarizer, and that he expects to prove it in a "few not difficult experiments." We wish him joy in his experimentation with his current of "five millionths of an ampere under the resistance of one-thousandth of a volt," he will, in the air, have many thousands of ohms to contend with, as resistance, and will need many thousands of volts, as electromotive force, to drive his feeble current of five milliamperes through even a fraction of the distance between the body and the polarizer.

Seriously, if any good is accomplished by the electropoise or similar devices, it is either due to the imagination or to the faith of the patient, or, possibly, to atmospheric electricity. We know that the electricity of the atmosphere is helpful to the growth of plants; that if a plant be deprived of it, by a conductor, it will not thrive so well; and that if it be furnished with a larger quantity of current from a special source, such as plate electric machines, it will thrive better. So we may reason, and possibly with some show of plausibility, that the electropoise

with its metallic connection with the earth (when the cylinder is buried in the ground) may allow the electricity from the atmosphere to flow through the body to the earth and thus favor the action of the vital forces; but if this be the case, how much easier it is to accomplish all that is needed by attaching a wire, connected with ankle or wrist plates, to water or gas pipes, which are generally so convenient, and so very inexpensive, and, further, have so much better earth connections?

Did time permit I would like to enter into the tempting field of "magnetic healing," especially as you have a "boy wizard," a veritable "therapeutic dynamo" in your midst, whose managers must have a thriving business from the number I saw on the card of one of their recently registered cases. It was above 200,300. A simple calculation will show that this means one case every ten minutes, during their office hours, for seventeen and a half years. If their charges are in proportion to that demanded from this incurable case (150 dollars in advance), one is simply overwhelmed at the thought of making a calculation.

If the "boy wizard" treats even a small proportion of their cases, we wonder how he can get the twenty-four hour's rest he is said to need, frequently, in order to fill himself with the necessary magnetism. We do not believe that there is any more magnetism in his make-up than in any other boy's or man's. Experiments in Edison's laboratory showed that dogs, and even a boy, confined for some time in a very powerful magnetic field, were influenced in no manner whatever. We would not deny that electric states of the atmosphere may in some wise effect man, and we are prepared to assert that direct currents through his body do affect him; but we do deny that man is able to generate effective currents within himself, or to make himself magnetic. We have a sensitive galvanometer with which to test this matter should any "human dynamo" present himself.

Pasadena, Cal.

CEREBRAL TUMORS.*

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The symptoms of cerebral tumors are of two kinds, viz: Those of cerebral irritation; and those arising from involvement of definite areas, which we will call focal symptoms.

The classical symptoms of cerebral irritation are; Pain (exacerbations paroxysmal), vertigo, vomiting, convulsions, slowness of speech, mental hebetude, emaciation, slow or irregular pulse, and double optic neuritis. All of which are increased by meningitis or softening, one or both of which usually accompany tumors.

Focal symptoms vary with their location, the rapidity and character of the tumor, and may be either sensory or motor—which latter may be either convulsive or paralytic.

The following cases will show how much deviation there may be in individual cases from the classical symptoms:

CASE I.—G. H.—German; age thirty; family history good; never has had syphilis, nor any disease until the spring of 1890, when a tumor was removed from his sternum. This tumor soon recurred and was probably an osteo-sarcoma. In September, 1890, he several times, at intervals of a few days, had spasmodic movements and peculiar sensations in his left thumb. In October following, the spasmodic movements, begun in his left thumb, extended rapidly to the muscles

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of the forearm, arm, shoulder and neck, then became general and he fell unconscious.

These epileptiform seizures occurred at intervals of a couple of weeks until he had five or six in all. He was then free from any convulsions for about four months. Spasms then re-appeared in the thumb and three fingers of the left hand, but did not extend to the other portions of the body, and he retained consciousness. These continued at short intervals and then ceased entirely. A few weeks later convulsive movements appeared in the lips rapidly extending to the rest of the body, accompanied by unconsciousness. Some of the convulsions at this time began with pain in the articulation of the maxilla and spasms of the muscles of mastication.

About a year after his first convulsion he began to have some peculiar sensory phenomena. He would suddenly perceive a very disagreeable odor like that of a very unpleasant smelling herb. A little later would suddenly have the taste of this same disagreeable herb, and sometimes there would be both the taste and smell of this herb. It came suddenly and lasted for a few moments and then disappeared, and was evidently a sensory epileptic equivalent. About this time he began to have hallucinations of sight, which he appreciated were hallucinations, as his judgment always corrected them. Usually these hallucinations were accompanied by brilliant coloring, rapidly changing from one shade to another. Usually it was that of a cloth, colored sometimes red, blue, or yellow, constantly changing in color, but always bright, as though there was a bright light behind it. Frequently there was the hallucination that a large man dressed in black and holding a dagger brandished above his head was standing a little behind him and to the left. Again he saw a black pit in front of him, extending backward to the left of him. All these hallucinations appeared to be on the left. At times he would feel as though he were being bitten by ants all over the left side of the face, left eye and left arm. This burning, stinging sensation would last but a few moments and then pass away. While he was having these hallucinations of sight, taste and smell, he did not have general convulsions. A summary of his symptoms during the last few weeks of his life, is as follows:

Tenderness on pressure over the right side of the head; persistent headache with exacerbations; vertigo with roaring sounds in his ears; pulse slow and irregular ranging from 48 to 60 per minute; temperature usually one-half to one degree subnormal; frequent vomiting, explosive in character, more frequent at night or in the early morning, and not usually following the taking of food; vision much diminished, together with frequent color disturbances that we have already mentioned; vertigo and roaring sounds in the ears constant; he had lost flesh steadily for nearly a year until he had become very much emaciated; facial expression was dull and apathetic; talked slowly and hesitatingly; memory very much impaired. During last few weeks of life he had convulsions frequently, and he died on April 19, 1892, about nineteen months from the first manifestation of any symptoms of intracranial trouble.

At the autopsy, twelve hours after death, the following conditions were found: A tumor the size of a walnut partly broken down, occupying the cortex and sub-cortical region of the middle third of the right ascending parietal convolution. Several smaller tumors were found below and on both sides of the Rolandic fissure; the meninges were firmly adherent throughout this same region. A tumor the size of a filbert was found in the right angular gyrus, and the cortex surrounding was softened over an area of about one square inch. Another tumor of about the same size was found near the tip of the uncinate gyrus. The left

hemisphere of the brain seemed in fairly normal condition. All of these tumors were in such a softened condition that sections could not be satisfactorily cut from them; but from their circumscribed character, they were probably sarcomata.

This case is an interesting one from the standpoint of cerebral localization; the pathological changes occurring in such small and definitely outlined areas. The different types of epileptiform seizures with the change of signal symptoms evidently being due to the invasion of new regions of the cortex. The oldest tumor was evidently that in the ascending parietal convolution, and irritation caused by it was probably the cause of the convulsions which began first in the hand on the opposite side. The tumor in the uncinate gyrus beginning probably in the center for smell and gradually extending into that of taste, would account for the peculiar disturbances of smell and taste with which this patient was distressed; while the tumor in the right angular gyrus would perhaps account for the peculiar hallucinations of sight.

CASE II.—Geo. M.—Age 32; American; married; family history excellent; has always been robust and vigorous, with the exception of brief bilious attacks as he has termed them; worked in the mines until about one year before the present trouble, when he came to Los Angeles county and went to work on a ranch.

About two months before he came under my observation, after working hard in the hot sun for several weeks, he began to complain of headache, persistent in character with frequent excruciating exacerbations. During these exacerbations would occasionally have vomiting spells, which at first seemed to come with tolerable regularity every other day. Although easily fatigued he was able to continue his work for two weeks longer; then, for the next six weeks he was able to be up and dressed and about every day, and was treated by a number of different doctors for a variety of troubles. One thought he had typhoid fever; another malaria; still another disease of the stomach and liver; another that he was troubled with migraine. I saw him first April 27, 1894. At that time his pulse was 52, temperature 97.6, and I could elicit no history of previous fever at any time. He was and had been very badly constipated; tongue covered with a thick, yellowish, white coating; vomiting frequently, usually in the night or early morning, vomiting seldom followed eating and never was produced by prolonged nausea; pain in the head persistent with exacerbations which began in the temples and occurred several times during each day; there was considerable unsteadiness in gait, which had begun to manifest itself about two weeks previously; mind seemed dull and apathetic; speech slow and dragging but no aphasia; pupils rather small but equal and responded sluggishly to light; noise and light increased the pain in the head; examination of the fundus oculi showed double optic neuritis most marked in the left eye.

His condition continued about as described for a week after I first saw him, he then sank into a stuporous condition, showing a marked tendency to retraction of the head and failure of the left eye to close during sleep, but no other indication of local disturbance.

On May 9, just two months after he was obliged to give up work, he was seized with a violent general convulsion ushered in with intense pain, which terminated fatally.

From the symptoms which he manifested, together with the double optic neuritis, we were convinced that he had an intracranial growth and from the fact that at the time of his examination he had had no convulsions and no paralysis, we believed that the growth was situated in the anterior fossa of the skull.

Autopsy eight hours after death; nothing abnormal about the skull or dura

mater. The brain itself was fairly normal in appearance, the sinuses being somewhat more congested than usual; the convolutions of the frontal lobe of the left side seemed somewhat flattened; the left superior frontal convolution appeared white and glistening for a distance of an inch and one-half midway between the paracentral lobule and apex. The mesial surface of this convolution bulged across the longitudinal fissure pressing into the right hemisphere. It had a cartilaginous feeling to the touch and under the knife. When the hemispheres were separated the cortex of the gyrus fornicatus had an œdematous appearance. The cortex of the frontal lobe anterior to the prefrontal fissure seemed normal, with the exception of the superior frontal convolution and the gyrus fornicatus as already mentioned. A cross-section showed that this cortex formed a shell covering a pulvaceous mass, which involved nearly all of the white substance of the frontal lobe anterior to the prefrontal fissure. This mass in some portions was so softened as to be nearly liquefied; in other portions there were numerous small hemorrhages; but it was all too soft to preserve its shape when handled. The normal tissues surrounding this mass varied from one-fourth to three-fourths of an inch in thickness. The location of this tumor anterior to the motor region would account for the absence of all localized motor and sensory symptoms.

This growth was undoubtedly a glioma, which began long before there were any pronounced symptoms of cerebral trouble. And I believe that the symptoms which began to manifest themselves ten weeks before his death were caused by the breaking down of this gliomatous mass and the occurring of hemorrhages in it, and not by the infiltration of the growth into the normal tissues.

CASE III.—A. H.—Age 38; married; as a young man was unusually robust and vigorous and enjoyed excellent health until he contracted syphilis about ten years ago. Following his infection he received a thorough course of specific treatment for two years. During the next six years he enjoyed fair health with the exception of occasional chills, which would lay him up for a few days at a time. These chills were pronounced malaria, but failed to be influenced by quinine; and from his description of the peculiar rigidity while in them, I am in doubt as to their malarial character.

In October, 1886, he had a convulsion attended with brief unconsciousness. Though the convulsive movement was slight, there was decided paresis of the left leg, which gradually improved and disappeared entirely in a couple of months.

In June, 1887, he had a second convulsion which was followed in the course of twenty-four hours by two more. All of these were general convulsions attended with unconsciousness, but the convulsive movement was much more marked in the left side. Following these there was paresis of both the left arm and left leg, but it was not so pronounced as after the convulsions of the previous year, and cleared up entirely in a few weeks. It was at this time that he came under my observation.

From the history and symptoms I believed that the convulsions were caused by a gummatous tumor in or near the right fissure of Rolando, and he was accordingly placed on full doses of iodide and bromide of potassium. Under this treatment he improved rapidly, recovered entirely from his paresis and was able to attend to his business, and felt so well that in September, he dropped treatment and passed from under observation.

Early in December, he had two or three slight convulsive seizures, and near the end of the month had a severe convulsion, following which the left arm and leg were nearly helpless, and there was very decided mental impairment. In this

fit, or shortly after, he received a severe blow on the left frontal eminence, and again came under my observation in the following condition:

No facial or ocular disturbance; marked loss of muscular power in left arm and leg, together with loss of muscular sense; but no other sensory disturbance; mind much impaired; he was confused, apathetic and forgetful; utterly incompetent to attend to business; complains of discomfort in right parietal region, but it is not so severe as to prevent his eating and sleeping fairly well. From this time on he steadily failed both mentally and physically, having frequent convulsions and becoming very helpless and totally demented. On the 11th of March, '88, he waked in the night with a chill or slight convulsion, soon passed into profound coma, and died about eight hours later.

Autopsy ten hours after death: The body was plump and showed no signs of wasting. The tumefaction of the scalp which had persisted for several weeks after the injury to the left frontal region had entirely disappeared; but on removing the scalp we found the periosteum detached from the bone over an area about the size of a twenty-five cent coin; the bone underneath had a darker color than normal, and a rough, worm eaten feeling to the touch. On removing the skull the dura mater was found thickened and firmly adherent to the bone over an area nearly two inches square in the right parietal region; the bone having the same dark appearance and roughened feeling as was found in the left frontal region. Underneath this point the dura mater, pia mater and cortex were firmly glued together so that in attempting to separate them much of the cortex was torn from the ascending parietal convolution and the superior parietal lobule. A cross-section of the hemisphere through this region disclosed a tumor, spheroidal in shape one and one-fourth by three-fourths of an inch in thickness. The tumor and surrounding softened tissue involved nearly the whole of the right lenticular nucleus, the anterior third of the optic thalamus and the anterior portion of the posterior limb of the internal capsule, and the posterior portion of the caudate nucleus. At one point the softened tissue had broken into the lateral ventricle, which was probably the immediate cause of death.

There are several interesting points to note in this case. First, there was absence of the excruciating and intolerable paroxysms of pain which are usually found in tumors of the brain. The pain of which he complained was evidently due to the local meningitis and was less severe than might have been expected from that source. There was entire absence of vertigo. He did not complain of any disturbance of vision; but as I made no examination with the ophthalmoscope, I cannot say whether double optic neuritis existed or not. The rapid and marked mental failure, although the lesions were confined to the motor regions of the brain, is worthy of note. From the position and extent of the meningitis it was evidently secondary to the tumor and caused by its pressure. A microscopic examination of the tumor showed it to be a sarcoma. We did not see him in a convulsion, and could get no description of them sufficiently accurate to determine whether signal symptoms existed or not.

CASE IV.—Chas. B.—American; 23; family history good; an industrious, intelligent young man who always enjoyed fair health. In June, 1893, without any previous illness, after working several hours, about ten A. M., he had a peculiar sensation in left foot and started to go to the house, but succeeded in getting only about 100 yards when he became unconscious and fell in a fit which lasted about 5 minutes, though complete consciousness was not regained for several hours. In a few days was as well as ever and was able to attend school for several weeks, from about Sept. 15 until Oct. 15, when his head pained him so badly and eyesight became so poor that he had to give up study and shortly after began hav-

ing convulsions which began uniformly in left arm or leg and recurred at intervals of about three weeks until May, 1894, when they ceased for about six months. During this interval, although his vision was poor and he had some pain in his head, he was fairly comfortable.

In November 1894, the convulsions recurred with greater severity and he became hemiplegic on left side, with loss of pain, tactile and muscular sense on that side. I saw him first in January 1895, when the following symptoms were found:

Decided loss of power in left arm and leg; extensors more impaired than flexors; Grip, R 70, L 15; left side of face slightly weakened; right pupil dilated; expression dull; memory excellent; intellect clear and active, could give a much clearer account of his case than mother or sister; cutaneous reflexes on left side lost or very much diminished; left knee jerk very much exaggerated so that a tap on tendon would cause excessive jerk with decided jerk in right leg at the same time; gait spastic; muscular, pain, and tactile senses in left lower extremity nearly lost and much impaired in left arm and left side of face; bowels habitually constipated; patient complained of pain in occipital region all the time with severe exacerbations recurring every few hours; still he sleeps and eats fairly well; he had very little vertigo or vomiting; has frequent convulsions which have usually begun with peculiar sensations at first in left leg then in left arm, and recently with disagreeable odor or taste, or both. Some of the convulsions are limited to the left side, and are not attended with unconsciousness; pulse varied at different times from 50 to 106, but was usually below 60; temperature 97 to 98; examination with the ophthalmoscope showed double optic neuritis with more marked severity in the right fundus oculi.

February 16th he grew rapidly worse; had frequent attacks of vomiting which were followed by a series of rapidly recurring convulsions of the character which I have already described, and died in one of these convulsions on the morning of the 18th.

At the autopsy, eighteen hours after death, we found the scalp and diploe full of blood; the dura mater normal in appearance; the sinuses of the pia mater distended with very dark venous blood; no extensive inflammation; the right gyrus uncinatus was enlarged, firm to the touch and bulged across the crus and against the pons, pushing it slightly to the left; the whole right hemisphere was soft and flabby as compared with the left. On cutting the right temporo-sphenoidal lobe, the tubes were thoroughly infiltrated with a gliomatous mass, much of which showed the beginning of softening. This softened mass extended through the lobe to the posterior and lateral horns of the ventricle, involving the posterior limb of the internal capsule, the optic thalamus and globus pallidus. The growth at the top of the temporo-sphenoidal lobe, involving the uncinate gyrus seemed of more recent date than the other portions of the tumor.

The diagnosis of cases I. and III. was readily decided upon, though the character of the tumor in number III. was supposed to be gummatous instead of sarcoma.

In case II. the diagnosis was much more difficult; the short duration, the rapid onset, the absence of convulsions or any decided motor disturbance, made it doubtful as to whether the pathological condition existing was that of a localized, chronic meningitis, cerebral abscess or tumor; but as there was no history of fever at any time, and the double optic neuritis was so pronounced, the probabilities were in favor of tumor rather than either of the other conditions.

In case IV. the apparent sudden onset of the attack, together with the succeeding paralysis, and later the spastic hemiplegia, the exaggerated reflexes and emotional condition of the patient, would indicate a probable hemorrhage into

the motor cortex. But the double optic neuritis and progressive increase of the sensory disturbances, indicated a progressive lesion, such as could be explained only by the growth of a tumor.

All of these cases were treated with iodide of potassium, although in only one could we elicit a history of specific disease.

Case III. showed marked improvement under its use; case I. made some improvement, but was unable to tolerate it in full doses; neither of the others received any benefit from it.

From these and other cases which I have observed, I believe we may expect marked benefit, in most cases of sarcomata, from iodide of potassium pushed to the limit of toleration, but I have yet to see any improvement follow its use in infiltrating gliomata.

Of all the cases, number I. was the only one which offered any hope of relief from surgical interference—at least after they came under my observation. In this case the tumor or the lesion was evidently localized in such a manner as to make it accessible to the surgeon's knife. But on the other hand the fact that he was suffering from a recurrent sarcoma of the sternum made it probable that the cerebral growth was a sarcoma, and its recurrence most probable if it were removed. On this account several of my surgical friends with whom I consulted advised against an operation. Later when there was evident development in quite distant regions, an operation was of course out of the question.

In number III., probably when he first came under observation, the tumor may have been of such size as to have permitted of removal without death to the patient; but from the history we believed that the tumor was gummatous, and the improvement following the use of iodides strengthened that supposition.

In cases II. and IV. the tumor was of such a character that I believe its removal would have been impossible, even if it could have been accurately located. Both of these cases illustrate what I believe to be true very frequently with cerebral gliomata, viz: That such growths may exist for quite a period of time without giving rise to such symptoms as will permit of their diagnosis, because they infiltrate the normal tissues and do not entirely destroy their functions; and after extensive regions have been infiltrated symptoms seem to arise suddenly, either from softening of the strangulated normal tissues, or from hemorrhages arising in this new and unstable tissue.

701½ S. Broadway.

CANCER OF TESTICLE. ENLARGED PROSTATE WITH RETENTION CYSTITIS. DOUBLE CASTRATION. RECOVERY.

INGUINAL HERNIA COMPLICATED BY CYSTIC HERNIA AND CANCER OF TESTICLE. RADICAL CURE. RECOVERY.

BY GRANVILLE MAC GOWAN, M.D., LOS ANGELES, CAL.

PROFESSOR OF DISEASES OF SKIN AND GENITO-URINARY ORGANS, MEDICAL
DEPARTMENT UNIVERSITY OF SOUTHERN CALIFORNIA.

The cases forming the basis of this report being unusual ones, I have thought I owed it to the profession at large, and more particularly to my local colleagues to present them to you.

Case I. Cancer of right testicle. Retention cystitis from enlarged prostate. Referred to me March 17, 1895, by Dr. Hitt:

Jno. D—, Irish, single, by occupation an engineer, 63 years old. For more than ten years he has had increasing obstructive difficulty in urinating. During a severe attack of influenza, late in 1892, retention occurred, and since then he has led a catheter life. About the same time the right testicle began to pain-

lessly enlarge. This indurated growth reached the size of a turkey egg and for the six months preceding operation was the seat of lancinating pains. Early in catheter life the bladder had become infected and the resulting cystitis required constant rest and pain forbade sleep. Wretched old man, emaciated, feverish and sodden with the dribbling of urine, miserable beyond hope, he pleaded for relief. No stricture of the urethra could be found. The very large prostate sagged nearly forward to the anal sphincters pressing against the pubic bones.

March 19, Operation—Double castration with removal of cords to internal inguinal rings. The tumor on the right side being adherent to the skin, I excised almost all of the scrotum upon this side.

March 25—Temp. 103° with great pain in right inguinal region, where I had incautiously enclosed the spermatic nerves in the ligature. The patient was anesthetized and the wound examined with the expectation of finding concealed pus. The ligature was removed, but no pus was found. As we had had difficulty in catheterizing him after operation because of a tight prepuce we circumcised him. The temperature remained high for several days, but the symptoms were referable to la grippe, which was then prevailing in the wards. Wounds healed entirely in 15 days.

June 5, 1895—The relief from the symptoms of retention of cystic inflammation and the lessening of the enlargement of the prostate have been very marked but very gradual. To-day the patient is strong, quick in his movements, fleshy, sleeps well, has an excellent appetite, and passes his urine naturally four times in 24 hours. As a matter of precaution I have him use the catheter twice daily after micturition to draw off the dead urine, which amounts to less than an ounce each time, is sweet and contains but little sediment.

March 13th, 1896.

Case II. Referred to me by Dr. Robinson, May 1st, 1895. J. B—, single, by occupation a baker, and 55 years old. He is very stout, with a ruddy complexion, large abdomen, a fatty deposit around his heart and blue eyes in which appear a marked arcus senilis. He wheezes as he talks. Surely not the kind of person one would select to anesthetize for a serious surgical operation before a critical class of physicians and students. Upon the left side is a large dependent elliptical tumor of the scrotum and the inguinal canal. This is divisible into two parts, one testicular, which is 9 inches long and 15 inches in circumference, is dense but contains fluid; the other is hernial, irreducible and contains apparently omentum. The entire tumor reaches nearly to the knee.

May 12, 1896—The testicular tumor tapped with trochar and canula at my clinic and more than a pint of very dark fluid removed. The sac remaining is greatly thickened and very hard.

May 14—Temp. 102° since tapping. Urine bloody once or twice. Microscopical examination of fluid leads me to believe the testicular tumor is malignant.

May 15—Assisted by Drs. E. A. Bryant, Ralph Williams, Robinson and Claire Murphy, I operated for its removal. An incision was made the full length of the tumor from a point two inches above the internal ring to the end of the scrotum. The testicular sac, which had refilled with liquid, was dissected up and removed, with its cord, to the internal ring.

The upper part of the testicular tumor was found to be adherent to the internal and solid portion of the hernia and was taken away from this by close dissection. The hernial portion of the tumor consisted apparently of omentum and gut adherent to the sides of the sac, and its coils to each other. The omentum was stitched with a running double continuous catgut ligature, the redundant part

cut off and the stump part let fall into the belly. An enlarged nodular hard mesenteric gland, believed to be cancerous, was also removed. The gut coils were separated and returned into the abdomen. After doing this there was a large mass lying in the inner side of the wound, the character of which was indistinct. It was bound down tightly to the neighboring tissues. Distinctly covered with peritoneum upon one side its structure upon the other side could not be determined, but it was noticed that large veins seemed very abundant in the structure as it was loosened from the sides of the canal to which it was intimately adherent. It was measured and was found to be about 5 inches long by 4 inches broad. It was believed to be the ascending colon sagged out of place or perhaps the bladder. A sound was introduced into the bladder by one of my assistants, a man of unusual surgical skill and good judgment. After a careful examination of the bladder and the tumor he declared they had no connection with each other. I then believed I was dealing either with the colon or a new growth underneath the peritoneum, and cut into it deliberately to find out. I found a hollow viscus and gas escaped from it. I introduced my finger and not being able to discover any intestinal contents in the long and narrow passage, I introduced a sound into the bladder, and after considerable difficulty managed to bring my finger in contact with it through the tumor. The cut in the bladder was immediately closed with Czerny Lembert sutures of cat gut, the adhesions of the viscus broken up, hemorrhage stilled and the bladder returned to the abdominal cavity, the sac ligated and secured in the ring and the wound closed with buried mattress sutures of gut and heron tendon and superficial sutures of Florentine.

After treatment for his feeble heart consisted of digitalis and opium. Catheter passed every four hours.

May 16—Passed 17 oz. urine. (pulse 120.)

May 17—Passed 18 oz. urine. (pulse 110.)

May 20—Passed, without catheter, 45 oz. urine. (p. 95.)

June 15—Sound scar, no pain.

Sept. 15—Scar perfect; urine natural; left hospital.

321 S. Broadway.

REPORT OF A CASE OF HEMIPLEGIA, WITH COMPLETE HEMIANÆSTHESIA.*

BY W. H. ROBERTS, M. D., EAST LOS ANGELES, CAL.

At about two o'clock, on the afternoon of January 30th, 1896, I was called to see Mrs. J— M—, aged 64, who had been found on her bed, partly dressed, in an unconscious condition, shortly before.

From friends I learned that she had been, up to this time, a strong, healthy woman, active both mentally and physically; but with a history of apoplexy, with complete though tedious recovery, nine years ago. Examination revealed the following: The old lady was entirely unconscious, though muttering and occasionally saying, "Oh dear, oh dear!" Her face was not congested; breathing not stertorous nor very rapid; pulse quick and weak. Her eyes were open and pupils dilated, though they reacted to artificial light that night when I examined them.

I found a complete paralysis of the left side, including the facial and palatal muscles. The uvular muscles were not involved, and the next day, the patient having entirely regained consciousness, I could detect no deviation of the tongue.

*Read before the Los Angeles County Medical Association, February 21, 1896.

The vocal cords were not affected. The heart sounds were weak, but I could not discover a murmur.

I at once ordered an ice cap placed on the right side of her head, hot bottles at her feet, and put a drop of *Oleum Tiglii* in butter on her tongue.

On calling that evening I was told that she had recognized her son. Her pulse was still rapid but stronger; her respirations about the same. By means of a pin I could make her show decided signs of its irritating her, but only on the *right side*; the sense of touch seemed *completely lost* on the paralyzed side.

The croton oil had caused her bowels to move freely; but as I could not find out from her attendants, whether or not she had passed her urine, I catheterized her, drawing off about six ounces, which did not contain albumen. I made no test for sugar as my reagents had met with an accident.

The next morning the nurse told me the patient had moved her left leg during the night. By this time the old lady had regained consciousness, though her memory for all events immediately preceding the hemorrhage was a blank. As near as we could make it out, the stroke had come on about seven o'clock, the morning of the 30th, while she was dressing; her condition was not discovered till about half-past one that afternoon.

On making a careful examination on the morning of the 31st, I found that she could move her left limb slightly and that she could detect the pin to a slight extent. Above the waist on this side there was still complete paralysis and anæsthesia.

The next day she had more control over her limb and the anæsthesia was even less marked; the condition above the waist remained the same.

On the morning of Feb. 2nd I found that she could move the fingers of the left hand slightly, but the sense of touch was still gone. The line of demarcation between the normal and anæsthetic areas, was very noticeable, passing up the centre of the chest, neck and face. The patient slept well every night, complained of *no pain* whatever, but was quite restless.

I discontinued my visits the next day as she was doing nicely, and it seemed to worry her to have me call, she evidently dreading a big bill. She objected decidedly to staying in bed, and to following my directions, for she told me *she* knew a thing or two about "doctoring," as her first husband was a physician, and she ended by saying that she was a good deal of a "quack" herself.

My only treatment, in addition to that already mentioned, was liquid diet with ripe oranges, measures directed towards keeping her bowels open and methodical massage.

During the present week I met Mrs. M— as she was taking a little stroll. She was still very weak, but the hemiplegia had all disappeared, and with it the hemianæsthesia.

The attention of the society is called to this case for the following reasons:

First: Because of the rarity of complete hemianæsthesia in hemiplegia.

Second: Because of the absence of pain.

Third: Because of the rapid and complete recovery.

508 Downey Avenue.

ON THE TREATMENT OF WOUNDS.

(FIRST PAPER.)

BY FRANCIS L. HAYNES AND JOHN R. HAYNES.

PRELIMINARY.

After cleansing the parts involved, *water is not used* either during or after operations. The following exceptions to this rule may be mentioned:

During operations on the endometrium, vagina, and rectum, the parts are kept clean by irrigation. *After* such operations, irrigation is not advised, unless infection-symptoms appear (fever, pain, abnormal discharge).

In general (not localized) suppurative peritonitis, the abdomen is flushed out with great thoroughness, by normal salt solution at 120° F.

For *sutures*, catgut is used where there is no strain on the lips of the wound. Where strain is to be met, fine silver wire is employed.

ON THE DRESSING OF WOUNDS.

Aseptic sutured wounds are covered with four layers of gauze saturated with acetanilid-glycerin (1:40); over this is placed a clean towel; and the whole dressing is protected by paraffin paper, securely held in place by numerous bandages. This we regard as the best dressing in this class of cases, except silver-leaf, which at present we are unable to obtain.

Should symptoms of wound infection occur, the external parts are carefully disinfected; as many sutures as can be spared, without allowing the wound to gape, are removed. With a director and sinus forceps openings about the size of a No. 20 American catheter are made between the lips of the wound and into fluctuating or indurated points. A loosely fitting rubber catheter is inserted into each pus cavity and acetanilid-glycerin is cautiously injected. If in doubt as to locality of the infective process, the surgeon may, by using a number of boiled catheters, bring the glycerin into contact with the entire raw surface. The injection of glycerin may be repeated daily if necessary, but it will generally be found that from one to three injections if promptly made, will jugulate the septic process. The wound is dressed as usual with the glycerol. By this method, through the affinity of glycerin for water, a current is established from the depths of the wound toward the surface, and thus an exceedingly efficient drainage results. Not only is any liquid, which may lie between the wound surfaces, sucked out, but the tissues themselves are also drained. Patients thus treated do not remain in the hospital any longer than those whose wounds follow an aseptic course.

As acetanilid is a poison, the physician is warned to use great caution in making these injections. Not more than half an ounce of the 1:40 glycerol is used daily until experience has demonstrated the safety of the treatment in each case.

Open aseptic wounds are dusted slightly with boric-acetanilid (1:6), and are kept slightly moistened with acetanilid-glycerin, just sufficient to prevent the dressing from adhering. Gauze and paraffin paper are used as in the first class. Healing is hastened by the judicious use of silver nitrate. Skin grafting should be more frequently employed in these cases.

Septic wounds. As an illustration, we will take a large retroperitoneal tubercular abscess, reaching from the spinal column around on the side to the rectus muscle. An incision about two inches long is made; with two fingers, septa are gently broken down and the fungosities cautiously wiped away. Pus is wiped out and the cavity is dried by sponges on stalk holders. Finally a catheter is inserted to the deepest part of the wound and half-an-ounce of acetanilid-glycerin is injected. Provisional silver sutures are inserted and superficial dressing applied as in class 1. The injection is repeated daily. Unless cyanosis or other acetan-

ilid symptoms appear, the quantity used is gradually increased to one or one-and-a-half ounce. Within a week, suppuration will have ceased and it will be impossible to insert the catheter without using undue force. The wound is now loosely closed by the provisional sutures and dressed as class I.

SUMMARY OF RESULTS.

Where it has been possible to bring acetanilid-glycerin into intimate contact with a suppurating surface (not involving a bone), suppuration has ceased almost immediately. Abscesses of the breast have been cured in a week; large retro-peritoneal tubercular abscesses in two weeks; and extensive abscesses produced by perforative appendicitis in two weeks. Aseptic sutured wounds have, almost without exception, healed primarily. Aseptic open wounds have healed more rapidly than under any other treatment.

The preparations of acetanilid used are as follows:

(a.) *Acetanilid-glycerin* is made by rubbing together forty parts of cold sterilized glycerin with one part of acetanilid powder (not crystals). No heat must be used in making this glycerol, lest crystals should deposit.

(b.) *Boric-acetanilid* is made by mixing thoroughly powdered boric acid, 6 parts, with powdered acetanilid, 1 part. It is stored in little glass bottles holding 70 grains. Not more than one of these bottles is to be emptied, in the case of an adult patient, in twenty-four hours. It is dusted over wounds, so as to form a thin layer. If used in large quantities, it cakes and produces irritation of the skin, and, sometimes, superficial ulceration. If for any reason, it is used in large quantities, it must be covered with gauze and with paraffin paper to prevent caking.

(c.) *Acetanilid-vaselin* is made by rubbing powdered acetanilid, 1 part, with white vaseline, 20 parts. It is very useful as an application to cracked nipples and superficial lesions generally. Using precautions against poisoning, the strength of this ointment may be increased.

(d.) *Acetanilid-gauze* is made by dusting $17\frac{1}{2}$ parts of boric-acetanilid over $82\frac{1}{2}$ parts of sterilized gauze (making a $2\frac{1}{2}$ per cent. acetanilid-gauze), in the form of hemmed strips 10 feet long and 1 inch broad. These strips are then rolled like ordinary roller bandages, stored in sterilized, airtight jars, and used in the place of iodoform gauze.

(e.) *Acetanilid-oil* has been used in few cases of rectal disease as an injection. It is made by rubbing together acetanilid and olive oil, 1 to 40.

929 S. Main Street.

MEASLES.*

On account of the widespread epidemic of measles through which we have been passing, it was thought best by the president, Dr. H. G. Brainerd, to devote an evening to their consideration with a view to bringing out the various complications that have been observed by different physicians. Dr. F. W. Steddom, Health Officer, says over six hundred cases have been reported to him, but he doesn't think this is over ten per cent. of the actual number. There have been but five deaths, which, considering the probable number attacked, gives a very low mortality.

The State Board of Health Bulletin of Tennessee, in commenting upon the prevalence of measles in that state, says: "Physicians and parents are too careless as to measles. Instead of taking pains to prevent its spread, there is often a

*Discussed by the Los Angeles County Medical Association, March 6, 1906.

disposition to favor it, under the mistaken idea that it is well for children to get through with it. This is a great error for the complications and results are too often grave. As heretofore maintained in the *Bulletin*, all children should be kept out of the way of all diseases as long as possible."

The discussion was opened by a paper by

GEO. L. COLE, M.D., LOS ANGELES, CAL.

I should certainly surprise myself were I able to tell you anything new about rubeola. Yet a disease which has a mortality of from one to five per cent. ought not to be deemed unworthy of some consideration. Again, the fact, that we are so often consulted concerning the prodromal symptoms and are required to stake our reputation by making a shrewd guess as to whether or not the child will have measles, and the *knowing friend* so often finds it a triumph to say, "I told you so" when we are in error, makes it a matter of no little importance that we *sometimes* guess aright.

Furthermore, there are times when the differential diagnosis between this eruption and others, especially that of variola, is more important than easy, for the time being at least. I have known the eruption of measles to be mistaken for smallpox and, conversely, the eruption of smallpox to be mistaken for measles by competent men in the medical profession on several occasions. Such errors as these, while they seem unpardonable from the gravity attached to them, are not at all surprising when we call to mind the fact that the majority of physicians at once lose their heads when they are brought into contact with a possible case of smallpox.

While an uncomplicated case of measles is a very tame disease with which to deal, we all find we are occasionally called back to find that our tame disease has been so modified by the existence of a pneumonia, either lobular or croupous, as to make it very interesting for a time to parents, nurse and physician, and happy is the medical man at such a time when he has forestalled such complications by a few minutes talk at the outset which has prepared the parent to be on the guard for such contingencies. To be sure the majority of such cases are found to exist when no medical attendant has been summoned, but during the last few weeks no less than two cases of severe broncho-pneumonia and one case of acute lobar pneumonia have been seen by me in cases where I had made one or more visits previously, and reasonable care had been taken to avert such complications. The case of lobar pneumonia occurred in a six year old boy, a robust, vigorous little fellow, who disobeyed orders and stole out of his room into an adjoining unheated one for an hour or so when the rash was just disappearing. I found him with a temperature of 105, which lasted several days and was caused by a complete solidification of the lower lobe of the right lung. As beautiful bronchial respiration, broncophony and dullness, with accompanying increased vocal fremitus, as I ever saw, were manifested in his case. He made a quick and satisfactory recovery, and though showing this high temperature, took the matter very philosophically, and did not seem very ill.

One of the cases of broncho-pneumonia was most interesting also, as it seemed for seventy-two hours as though the little patient would die. She had had a chronic bronchitis for three months previous to taking the measles, for which treatment had seemed to do little good. The eruption was copious, of a dark type, and slow in coming out. After being out well for twenty-four hours, a recession of the rash occurred, and shortly after a panting respiration came on, with pulse about 160, temperature 102½ and respiration varying from 60 to 80 per minute; lips and nails cyanotic, and the most distressing cough I have ever heard. The percussion resonance over the chest was vesicular except in small

circumscribed areas. Small doses of codeia, carbonate of ammonia and whiskey were given, and the chest surrounded with a jacket poultice which was *kept hot*. On two occasions the cough was so distressing that $\frac{1}{4}$ gr. morphia with atropine was used hypodermically. After about three days she began to improve, and went on to a slow recovery, so far as the pneumonia was concerned. The cough, however, now (at the end of ten days) remains severe, much as before contracting the measles.

Out of about sixty cases which I have seen during the last few weeks, the foregoing ones are about all which have had any complications, except one case of otorrhœa. Only one has been of the so-called *black* variety; not one has been seen in an adult; there has been only one case of otorrhœa, and only the mildish ophthalmia which ordinarily accompanies the catarrhal symptoms. Two cases have been interesting to me in that they were under observation three or four days before the eruption appeared, and on the day preceding the eruption all the catarrhal symptoms disappeared, and the children seemed entirely well, as they did also after the eruption appeared. In one of these cases where the mother was particularly exacting, and required my presence night and morning, there was a typical intermitting temperature, being normal in the morning and up to 101 or 102 in the evening for three days preceding the eruption.

In such epidemics as the present, we occasionally see cases having all the prodromal symptoms—sneezing, catarrhal symptoms, slight ophthalmia, etc., but with no eruption following. Query, are such cases measles? Also we sometimes see eruptions similar but somewhat modified, without the concomitant catarrhal symptoms.

Regarding the etiology, I shall have nothing to say, and concerning treatment only this—that it is unsafe to deny the mother the use of her saffron tea, for if any complications do happen to arise when it has been denied, they are surely due to the fact that the panacea was prohibited. In those cases complicated by lobular pneumonia, however, I do want to say that I am old-fashioned enough to believe that the flaxseed jacket poultice, properly used, has much more efficacy than the cotton jacket.

217 S. Broadway.

* * *

Dr. F. D. Bullard had seen, out of about twenty-five cases, two cases of mild gastritis and one of broncho-pneumonia. Three cases presented very high fever, one of these being an adult. There were two cases of second attack and one of a third recurrence, the latter in a girl only fourteen years old. The matter of diagnosis was not always easy. In four instances, the diagnosis was doubtful, two in recurrences, one following la grippe and one which the parents had supposed was measles that proved to be scarlet fever. As for treatment, he advocated bathing in tepid soda water, a little codeine to quiet the cough, quinine (in form of chocolates for small children) and rest in a darkened room. For gastritis, he gave a mixture of bismuth and carboic acid.

Dr. E. A. Follansbee reported a case of difficult diagnosis. A child, six years old, who had previously had measles, presented a marked typhoid condition, greatly depressed, partly comatose, with sordes on teeth and no special indication of measles, but it proved to be a very severe type of that disease. She had seen two cases of broncho-pneumonia following measles in ten days and three weeks respectively. One was an infant sixteen months old who also had double otitis media. As the father is tuberculous she was apprehensive lest that trouble develop as a late sequel. She had observed middle ear trouble more frequently after measles than scarlet fever. Many of the sequelae might be prevented if

parents would use greater care in management; it is very important to keep the rooms at an even temperature of 60° to 70° night and day. This warning is especially needed here where so many houses are poorly supplied with means of heating.

Dr. G. W. Lasher said he would look with interest at the mortality reports for the next few months, as it is said that tubercular meningitis is always increased after an epidemic of measles; the doctor had not seen many cases this year, and they were mild. Broncho-pneumonia is the principal complication of measles. For pneumonia he advised the use of poultices. As yet he had never seen a case of tuberculosis as a sequel of measles; but dropsy sometimes follows, he had in previous epidemics seen two cases, and hence it is well to warn parents of this possible danger. He had seen four cases of second attacks this year. The cases of anasarca were true nephritis, and occurred two weeks after supposed recovery.

Dr. A. J. Scholl in 40 cases treated, reported five adults, one a school teacher on whom the eruption was out nine days. The most serious complication seen was convulsions, of which there were five cases. He reported a case of a young woman, who never had had measles, but was exposed in a family where there were several cases, who presented all the prodromal symptoms and developed later a broncho-pneumonia: He thought this might be a case of measles without the appearance of the eruption. He had one case of general anasarca which quickly subsided.

Dr. L. M. Powers said he would like to know the death rate of measles in Los Angeles, but it would be hard to find out as all the cases are not reported; there are more deaths from measles than scarlet fever. During his first year as health officer there were two deaths from scarlet fever and four from measles. (About the same ratio held in '90, '91 and '92, when the deaths from these diseases were 8 and 18 respectively. B.) Dr. Powers thought pneumonia in this city was often due to the manner of heating houses, and especially condemned the coal-oil stove. He had seen pneumonia complicating one case brought on by exposure. In former epidemics, he had noticed catarrh of the stomach and bowels frequently after measles; had also seen anasarca.

Dr. H. G. Brainerd, out of twenty cases, had had three cases of broncho-pneumonia, two of serious diarrhea and one of gastritis, the latter case had delayed eruption, suppression of urine and some swelling of the feet.

Dr. H. Bert. Ellis believed that eye troubles were a very important complication and due either to insufficient shading or a too early use of the eyes. The most common was a catarrhal conjunctivitis. He had seen several cases of otitis media following measles this year of which the majority yielded quickly to treatment. His early teaching had been that this trouble more frequently followed scarlet fever, but he had seen it oftener as a sequel of measles.

Dr. F. D. Bullard called attention to a new diagnostic symptom lately mentioned in the journals, viz. the rubbing together, by tips of fingers on abdomen, of two peritoneal surfaces eliciting a friction fremitus.

Dr. W. L. Wills and Dr. Brainerd spoke of the inutility of the procedure, the latter saying he had tried it in three cases without success.

Dr. F. O. Yost asked if any one had any cases in colored race—he had one case but there was no sign of an eruption.

Dr. J. J. Still reported out of thirty-five cases, three cases of dysentery which were manifested at the end of the disease, two of broncho-pneumonia. Had had six adults, one a colored woman, would not have recognized except for history of contagion. Had seen ear trouble once.

Dr. Powers had observed that quinine would retard the eruption. Dr. Scholl believed that anything that will lower the temperature would have that effect.

Dr. Cole, in closing, remarked that a tardy eruption forbodes complications. As regards use of hot drinks, there was a great divergence of opinions. Loomis saying they were of no avail, and Osler being of the opinion that they unquestionably do good. Their wide-spread and general use is an argument in their favor. No other disease was so communicable by a third person as measles. He regarded an even temperature of the room of very great importance. In cities statistics show that the death rate is increased, comparatively speaking, among children for the first two or three years after an epidemic of measles.

SELECTED.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

AN ATTEMPT TO MODIFY THE OSTEOPLASTIC OPERATION OF THE KNEE-JOINT.—(*The Times and Register.*) S. Delizin, Wratch. No. 24. Author modified Gabausen's method and operated as follows: Forming the anterior flap by a downwards semilunar cut, commencing from the most prominent condyle of the femur. The muscles lying between the tibia and fibula—tibialis and extensor dig. communis—are severed in an oblique direction. The head of the fibula and the epiphysis of the tibia are sawed off, in the direction from below, upwards and from the front posteriorly. The sawed off pieces are placed anteriorly on the top, the posterior joint capsule is cut open with scalpel, as well as the big cruciata and the side supporting bands between the upper and lower parts of the joint. Now the lower anterior portion of the condyles of the femur is sawed off from anterior posteriorly in an oblique direction, so that this portion with that sawed off from the tibia will form a right angle. In this way the parts are brought together; then the arterial vein and nerve are ligated in the knee hollow, the amputation ended, the posterior short skin muscle flap smoothed, the bone ends held together by silk or metallic suture and the skin wound sewed together to the posterior flap of the stump:

The preference in this method is the following:

1. The bone ends of the upper and lower bones are brought together, not in a straight line, but in an angle of 45 degrees.
2. With the exception of the epiphysis of the tibia, the head of the fibula remains, and with it the place of insertion of the biceps.
3. The ligation of the large vessels is not done at the beginning of the operation, but quite close at the end.

TOTAL EXTIRPATION OF THE PATELLA.—(*Provincial Medical Journal.*) According to Dr. Kummer, total extirpation of the patella can be performed without impairing the patient's gait or markedly interfering with movements of the knee-joint: The operation is indicated in cases of tubercular osteitis of the patella, provided the articulation remains yet intact. Extirpation can actually prevent the development of articular lesions and thus save the knee-joint, provided the operation is resorted to sufficiently early. In cases of tubercular osteitis of the knee-cap, total removal of the bone offers better chances in regard to recovery than scraping out the morbid foci. Dr. Kummer adduces an illustrative case: A girl, aged twenty-five, with primary tuberculosis of the right patella,

but with a perfectly intact knee-joint, in which he made excision of the bone, with excellent results. The only inconvenience caused by the absence of the knee-cap consisted in a relatively weakened extension of the corresponding limb. A similarly successful case of total removal of the patella is reported by Professor Kaufman, in *Correspondenz-Blatt für Schweizer Aerzte*. The patient, a married lady, aged thirty-three, was suffering from fungoid osteitis of the left knee-cap, of eight years' standing. Her knee-joint has become perfectly movable and her gait normal. Dr. Kummer mentions further two cases of primary tubercular osteitis of the patella in boys, in which the whole of the bone was removed by Professor Th. Kocher of Berne. An interesting case of total excision of the patella for acute necrosis has also been published in *The Lancet* by Mr. Page, of Newcastle-on Tyne. The patient recovered with a perfectly useful limb.

PATENTED ARTIFICIAL SKIN IS NOW PRODUCED IN GERMANY.—(*Scientific American*.) It is made by removing the outer and inner mucous membranes of the intestines of animals and partly digesting them in a pepsin solution. The fibres are then treated with tannin and gallic acid, the result being a tissue which can be applied to wounds like natural skin, and is entirely absorbed in the process of healing.

TREATMENT OF FRACTURE OF THE CLAVICLE BY SUTURE.—(*Cincinnati Lancet Clinic*.) Routier (*Rev. d'Orthopédie*) is strongly in favor of suturing in certain cases of fracture of the leg, with the aim either of facilitating reduction, which cannot be effected by ordinary means, or of maintaining reduction when it would be otherwise impossible or difficult to keep the fragments in good position. In cases of simple fracture of the clavicle, on the other hand, he would in general trust to bandaging, as a slight deformity, due to a moderate deposit of callus, would be less objectionable than the scar left after the application of the suture. The author would not hesitate, however, to treat fracture of the clavicle by an operation in any case in which there might be a risk of much subsequent swelling and serious deformity; and, also, whenever it might be found impossible by ordinary means to overcome such displacement as would not only be unsightly, but also influence very seriously the innervation of the upper extremity. Exposure of the seat of fracture under such circumstances would enable the surgeon to place the broken surfaces in apposition, the application of a suture not being necessary, unless it be found difficult to keep the fragments in place. A case is reported of fractured clavicle with extreme deformity due to over-riding of fragments in a female patient, aged twenty-two, which was successfully treated by exposure of the seat of injury, removal of a detached fragment of bone, and suturing of the two main fragments of the broken clavicle. Three weeks after the operation there was a perfect union. The linear cicatrix was small and hardly perceptible, the shoulders were symmetrical, and the patient seemed to be free from the least trace of deformity.

TREATMENT OF HEMORRHOIDS.—(*Allg. Med. Centr. Ztg.*) Dr. Schmey recommends a simple means of treating hemorrhoids which he has successfully employed in a number of cases, three of which are reported in detail. It consists in painting the nodules once daily with a two per cent. solution of nitrate of silver, which causes a gradual reduction in size without the least pain. In the cases reported the tumors had entirely disappeared in the course of one or two weeks. As there are many patients who positively refuse operative treatment this new procedure is well worthy of attention.

THE SURGICAL ASPECT OF TUBERCULOSIS.—(*Med. and Surg. Reporter*, Nov. 28, 1895.) The first elements in treatment are plenty of air, plenty of sun-

shine, and plenty of good food. Patients do not do well in densely wooded districts, in valleys, by the banks of large rivers and in moist places. They do better by the sea, in districts with low rainfall, with a porous soil, sparse vegetation, and an unimpeded rush of air from the sea. In England there is some difficulty in spending much time in the open air in winter, although I have had patients with high temperatures and suppurating wounds, with acute joint mischief and psoas abscesses out of doors every day in the winter, in spite of snow, frost and rain.

From not treating tubercular inflammations at all, the extreme of treating them too much was reached, but the mean has probably now been reached.

In treating tubercular joints it is no longer customary to force the limb into a stereotyped strained position, but to place it gently at complete rest, and keep it there. By this treatment the joints generally get well.

In the treatment of gland disease it is essential, in the first place, that the periphery be examined and any exciting cause dealt with, and secondly, the part must be observed as much when the neck is under treatment as the axilla or groin. Frequently, of course, it is necessary to remove the glands, but by no means in every case. In tuberculous testes the modern treatment is to open and curette the epididymis as soon as softening is found, and to pack with iodoform gauze. Repetition may be necessary, but the result is usually a success.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

MELAENA NEONATORUM (*New York Medical Journal*, February 1, 1896, p. 137, Lewis,) is but rarely seen, and the physician meeting with his first case is very apt to make a mistake in diagnosis and prognosis. The clinical picture is an appalling one. An infant apparently healthy at its birth suddenly vomits blood and passes it by the bowels. The vomiting may cease after the first attack, but the bloody stools will continue for several days. In many cases, there is also jaundice. Sometimes there is no vomiting of blood, only large bloody stools. The child will apparently have abdominal pain, and the abdominal walls may seem tumefied from the presence of blood within the intestinal canal. The hemorrhage usually appears within the first week of life, often within the first few hours, and usually last about seven days. In the cases which recover, its duration is seldom more than twenty-four hours.

As to *prognosis*, it is very grave, one observer, Minot, of Boston, losing 84 per cent. of his cases.

The *pathology* of the disease is buried in obscurity. As Homen says, melaena is a collection of symptoms without unity in its causation. Perhaps, however, we have in the researches of Pomorski a clue to the real nature of the disease. In dissecting a child dead with melaena he found congestion of and hemorrhage into the lungs, and the gastric and small intestinal mucosa. *At the same time a hemorrhage was found in the brain, which had destroyed the floor of the fourth ventricle with its vaso-motor centre.* P. then made a series of experiments on rabbits and found that whenever the vaso-motor centre was injured, either directly or indirectly, congestion, and probably hemorrhage from some portion of the alimentary canal would result. He hence concludes that hemorrhage into the brain occurring during labor especially in primiparae, constitutes the principle factor in the causation of melaena.

As to *treatment*, but little satisfactory information is given us. Personally had the writer of this abstract to treat a case he would inject under the skin a suitable preparation of ergot (ergotole being probably the best for this purpose), would procure rest for the patient by minute doses of morphine repeated as often as required, and above all would make free use of infusions of normal salt solution.

PUERPERAL CONVULSIONS; DEATH; CESARIAN SECTION. (*Med. News*, Feb. 1, '96, p. 119.) Davis, of Philadelphia, describes a case of puerperal convulsions, in a woman who expired while he was preparing to use forceps. Cesarian section was made, and the child rescued for the time only to perish in two weeks with all the symptoms of profound toxemia. "This case," the doctor adds, "illustrates most pointedly the imperative necessity of watching carefully the excretory process of a pregnant woman. It is not sufficient to ascertain simply the presence or absence of albumen in the urine, but the physician must know that the skin, kidneys, liver, intestines and lungs of the mother are performing the double duty which the presence of the fœtus entails. When this is carefully watched sudden and profound intoxications like that described will rarely happen. An experienced observer will detect the effects of toxemia upon the nervous system, and by suitable diet and prompt stimulation of the organs of excretion will, in the great majority of cases, succeed in averting the danger to mother and child. In the presence of profound toxemia with eclampsia there is but a short time in which any form of treatment is of the slightest avail. The fatal line is passed so rapidly, that, unless the physician is forearmed and forewarned, he may find himself in the presence of an unpreventable catastrophe."

In conclusion, reference may be made to a vitally important portion of the examination of every pregnant woman, the determination of the daily total urinary solids, an absolute necessity to the physician who really wishes to know the condition of his patients' system.

WHAT IS THE FUNCTION OF THE OMENTUM? This often-asked question is thus answered by Byron Robinson, the eloquent author, profound pathologist, and brilliant surgeon:

"The omentum is like a moving sentinel, whose beat extends over the whole peritoneum to guard the invasion of infectious foes. Its method of defense is to build forts of exudates, which not only act as barriers against the microbe hosts, but bury the slain of the battle, and starve the remaining ones within circumscribed prison walls."

Let us venture to suggest another function for the omentum—an obvious one. It serves to keep the intestines warm. When the skin becomes chilled, a largely increased supply of blood goes to the omentum, containing as it does an immense number of very dilatatable vessels, and the intestines are protected against cold by an additional barrier resembling a hot water bag.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

PHARYNGEAL AND LARYNGEAL ADHESIONS AND STRICTURES IN SYPHILIS.—(*Revue de Laryngologie, etc.*) Dr. Heymann writes that syphilitic strictures of the pharynx have two sites of predilection—the neighborhood of the posterior nares, and the limit of the buccal and nasal pharynx, where they take

the form of adhesions of the velum palati to the posterior wall of the pharynx. These adhesions are of cicatricial character. Stenoses are found in the lower pharynx, though always with a central orifice which may be very small and cause considerable difficulty in swallowing. Syphilitic strictures of the larynx are due to several factors: infiltration of mucous or submucous tissue, gummatous ulceration, crico-arytenoid arthritis, condylomata, isolated or superimposed cicatrices. The cicatrices are situated generally near the vocal cords. Syphilitic treatment sometimes arrests the sclerotic process; in other instances it has no effect. Once established, the cicatrix may be attacked in different ways—the galvanic knife, cutting-forceps, dilation, or intubation.

INSUFFLATION OF SODIUM CHLORIDE INTO THE NASAL CAVITY FOR RELIEF OF PAIN.—(*Texas Medical Journal*.) Dr. Capp recommends the insufflation, through an ordinary insufflator or other appropriate tube, of from two to four grains of pulverized table-salt, as a measure tending to give immediate relief in facial pain or headaches arising from trifacial irritation from decayed teeth, eye-strain, or from other causes such as ear affections, hysteria, or uterine reflexes. The measure was first applied, according to the author, by Leslie, and published in the *Edinburgh Medical Journal*, January, 1890; the latter had successfully employed it in the treatment of obstinate and long-standing cases, as well as acute neuralgia, headache, faceache, earache, toothache, and bronchial asthma. The application causes about the same temporary discomfort as would a pinch of snuff, but is not followed by bad results, and is usually successful.

THE EYE IN SYPHILIS.—Sachs. The earliest symptom of the nervous manifestations of syphilis is the complete immobility of the pupils.

LINGUAL TONSIL IN SINGERS.—(*Med. News*, Oct. '95.) Ray. This is more often the cause of trouble than varix. He states as symptoms:

1. Sensation of foreign body in throat not relieved by swallowing.
2. Sensation of constriction around throat at level of upper border of thyroid.
3. Occasional reflex irritable cough.
4. Constant endeavor to clear throat. (This the Editor questions.)
5. Quick laryngeal fatigue.
6. Occasional hoarseness.

Galvano-cautery and cold wire snare were used.

ANTRUM TROUBLE IN CHILD THREE WEEKS OLD.—(*Jour. Laryng.*, Feb. '96.) Rudaux records a case in child three weeks old. This time after birth the infant's eyelids were red and cedematous; there was thrush on the mucous membrane of mouth and gums, and over the canine fossa could be seen the premature eruption of a tooth. Pus showed on pressure in nostril, an opening occurred below eye; the opening was enlarged and the cavity curetted; injections were used; cavity packed; cure five months afterwards, little discharge.

HEADACHE DUE TO ADENOID GROWTH.—(*Medical News*, Nov. '95.) Straight. The patient's headache commenced on rising and lasted entire forenoon, often causing vomiting. He had nasal catarrh of three years' standing. Adenoid vegetation was found and removed, the headache promptly disappearing and not returning.

CORRESPONDENCE.

RESOLUTION ON DEATH OF DR. A. F. DARLING.

WHEREAS, God has seen fit in his providence to remove by death our brother, Doctor Andrew F. Darling from our midst, be it

Resolved, That in his loss we miss an honorable, faithful worker in the ranks of the profession, and in the faculty of the College of Medicine an honest, true-hearted man and a courteous, kindly gentleman. While we may be able to fill again the breach in our ranks as a faculty, we shall not be able to replace one who was one of the founders of the school, and always one of its staunch, cheerful supporters.

Resolved, That we extend to the family our sympathy in the bereavement which has come to them.

It is ordered that a copy of the foregoing resolutions be entered upon the minutes of the faculty, another be sent to the family, and another be furnished to the SOUTHERN CALIFORNIA PRACTITIONER for publication.

J. P. WIDNEY, A.M., M.D.

J. H. UTLEY, M.D.

WALTER LINDLEY, M.D.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

January 24, 1896.

Dr. E. W. Fleming read a paper on Laryngoscopy. He stated that although few outside of the specialists were able to make examinations with facility, the art was within easy reach of all, practice, patience and perseverance being necessary. Auto-laryngoscopy was one of the best means of acquiring skill, by method of Dr. Geo. Johnson; by means of it you will appreciate the difficulties of the patient and devise the best way to overcome them.

The essentials for making an examination were given in detail and method clearly described.

The doctor gave an interesting demonstration of auto-laryngoscopy and stated that the vault and naso pharynx could be examined in similar manner.

Dr. H. Bert Ellis opened the discussion; thought he would prefer to gain knowledge from another than himself; many patients glad to allow examination in return for having throats treated. The technique had been covered most admirably in the paper; the relation of the head to the neck must be noted—usually hold head well back, but sometimes not. When the tongue arches up must have recourse to a tongue depressor, as a rule it is only necessary to hold tongue with napkin. Natural light is best, but as general practitioner must make examinations often when he cannot have it, perhaps with patient in bed, he had better depend on artificial. In some cases will have great difficulty—it is not all clear sailing. If the mirror touches posterior wall of pharynx, it will cause retching.

Dr. R. W. Miller: To those accustomed to making examinations, the difficulties need not be pointed out, as they are familiar. In some cases of chronic laryngitis, the larynx is very sensitive. It is sometimes so difficult to raise the epiglottis that a probe must be used. In the beginner one of the chief obstacles is undue haste; the mirror is not carried steadily and firmly enough.

Dr. A. Davidson: The clinics in Vienna are a revelation as to what a throat will stand. The best position is to put patient above you, when you can look right into mirror. One objection to the general practitioner studying laryngoscopy is that the patient, if much sick, will consult a specialist anyhow.

Dr. A. L. MacLeish thought the writer's idea was not that auto-laryngoscopy

was the easiest method of acquiring the art, but that thereby one would better appreciate the difficulties of the patient. Had noticed recently mention of a new method, where the patient was laid flat on a table, with head over the end; he had not seen it tried.

Dr. Carl Kurtz said it was not so easy to get subjects to practice on and referred to Frau G—, of Vienna, who had plenty appointments at one and a half guildens an hour.

Drs. Davidson and Ellis remarked that her services were in demand on account of the experiments she would allow and the instructions she herself could give.

Dr. Fleming, in closing, said there had been nothing new in laryngoscopy for a number of years. Thought it would be a test of deep-seated interest to subject one's self to examination.

Dr. MacLeish moved that the society petition the City Council to abolish the system of dealing with the disposal of garbage and the cleaning of the streets by means of contract, establish a department of city cleaning and itself dispose of the city refuse according to the recommendation of the Board of Health and under its supervision.

After considerable discussion, the motion was carried and the following committee were appointed to present it: Drs. Granville MacGowan, W. W. Hitchcock and Walter Lindley. Dr. Barton Dozier, a former member, having returned to Los Angeles, was reinstated as an active member.

February 7, 1896.

Dr. J. E. Cowles gave a report of three interesting cases, showing specimens of tumors removed. He said he would plead for more exact diagnosis, especially in diseases of the ovaries and tubes—if necessary, making repeated examinations under an anesthetic—to the end that these organs be not so frequently sacrificed. The method of operation and history of cases were given.

Dr. W. W. Hitchcock called attention to the large size of the fibroma; it did not look now one-third as large as when removed. About that time there seemed to be an epidemic of large tumors, just as we have epidemics of measles, abortions, etc.

Dr. J. H. Davisson remarked that epidemics of large tumors would not occur in the future, as the numerous abdominal surgeons would remove them before they attained any size.

Dr. E. A. Follansbee said in reference to epidemics, she thought the profession should take cognizance of influence of preparations for Christmas in causing epidemics of abortions. Physicians should instruct patients as to necessity of avoiding undue strain when pregnant; she had had five cases of abortion as result of overstrain during the Christmas holidays and in none of these had the abortion been desired.

Dr. Milbank Johnson, of Alhambra, showed Dr. E. C. Dudley's sterilizer, explaining its advantages. Dr. Ellis stated that it also came in smaller sizes.

Dr. Johnson also reported a case, desiring a diagnosis; an old lady, aged 84 years, with family history of hysteria, the death of a daughter-in-law having been announced, went to sleep quietly, and after seventy hours of apparently natural sleep, died. Examinations were negative; could not be roused although the faradic current, pressure over supra-orbital nerve, stretching of the rectum, etc., were tried. Pupils were responsive to light and equal.

There was some discussion, but no light was thrown on the case.

The following committees were appointed: On Entertainment of State Medical Society, Drs. W. W. Hitchcock, F. W. Steddom, E. A. Praeger, M. L. Moore and Wm. Dodge.

To co-operate with Committee of Arrangements of State Medical Society, Drs. Granville MacGowan, Geo. L. Cole and R. W. Miller.

A communication from the Sacramento Society for Medical Improvement, presenting resolutions protesting against the action of some old line life insurance companies in reducing fees of medical examiners (published in February *Practitioner*.)

Dr. W. W. Hitchcock thought the resolutions timely and moved that they be adopted, and that the society stand by them; seconded by Dr. J. H. Davisson. After some discussion by Drs. Cowles, Hitchcock, Smith, King and Davisson as to what would be accomplished by adopting the resolutions and as to whether a member must give up the society or his examinations, Dr. Hitchcock stated that it simply placed us on record as standing up for ourselves, and if all the medical societies would do the same, it might have some weight. It will not force any member to stand by it. The motion was then put to vote and carried.

February 21, 1896.

A communication from Dr. MacGowan was read, resigning from chairmanship of committee to present resolutions passed Jan. 24 to Council. As it was then too late to do anything in the matter, no one was appointed in his place.

Dr. Geo. S. Hull read a paper on Electric Humbuggery (page 81.)

Dr. W. H. Roberts reported a case of Hemiplegia with complete Hemianesthesia (page 93.)

Dr. W. G. Cochran, having resumed the practice of medicine, was transferred from honorary to active membership.

March 6, 1896.

A symposium on Measles occupied the evening, (page 97.)

Dr. W. H. Roberts was elected to membership.

ROSE T. BULLARD, Sec.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Jan. 15, 1896, the following were granted certificates to practice medicine in this State.

CASHON PLEASANT A., 4252, Pomona Med. Dept. Univ. Louisville, Ky., Feb. 2, 1894.	
HULL GEO. S., 4553, Pasadena, Med. Dep. Univ. Pennsylvania, Mar. 1, 1876.	
JOHNSTON, WM. M., 4254, Los Angeles, Med. Dep. Univ. Michigan, June 30, 1887.	
KNOX, CHARLES R., 4255, Los Angeles, Rush Med. Coll. Ill., Feb. 21, 1882.	
MARSHBURN, W. V., 4256, El Modena, Med. Dep. Univ. Louisville, Ky., Mar. 2, 1886.	
NAST, JOHN E., 4257, Oakland, Med. Dept. Univ. California, July 13, 1895.	
PAYNE, ROBERT E., 4258, San Francisco, Coll. Phys. & Surg., Ill. Apr. 3, 1894.	
PROVINS, C. B., 4259, San Francisco, Rush Med. Coll., Ill., Feb. 21, 1882.	
SHORE, J. DEBARTI, JR., 4260, Los Angeles, Med. Dept. Univ. Pennsylvania, June 13, 1895.	
STINSON, J. C., 4261, San Francisco, Univ. Trinity Coll., Canada, Apr. 4, 1893.	
The following graduated at Cooper Medical College, Cal., Dec. 5, 1895.	
CASE, MARTHA S., 4262, San Francisco.	MENCLITY, HARRY J., 4266, San Francisco.
DUKES, CHARLES A., 4263, North Temescal.	PRENTICE, A. D., 4267, Sacramento.
GARVIN, CHAS. L., 4264, San Francisco.	ROBINSON, F. B., 4268, San Francisco.
GUNN, HERBERT, 4265, San Francisco.	WYTHE, STEPHEN, 4269, San Francisco.

At a meeting held in San Francisco Feb. 19, 1896, the following were granted certificates:

APJOHN, HENRY JOSEPH, 4270, Campo, Med. Dept. Willamette Univ., Or., Apr. 4, 1892.
CONGDON, WILLIS R., 4271, Santa Cruz, Rush Med. Coll., Ill., Feb. 19, 1889.
DOVE, O. H., 4272, Oakland, Med. Coll. of Indiana, Mar. 30, 1892.
GEROW, ARTHUR M., 4273, Los Angeles, Med. Dept. Univ. Buffalo, N. Y., Feb. 25, 1868.
GRAY, A. J., 4274, San Diego, Dartmouth Med. Coll., N. H., Oct. 31, 1860.
HARGRAVE, H. P., 4275, Oakland, Univ. of Manitoba, Canada, April 17, 1895.
JORALEMON, J. C., 4276, Los Angeles, Rush Med. Coll., Ill., Feb. 21, 1877.
KOHLMOOS H., 4277, San Francisco, Univ. of Giessen, Germany, Nov. 22, 1893.
LALONDE, E. C., 4278, Los Angeles, School of Med. & Surg., Canada, May 10, 1881.
PETTIT, MARSHAL, 4279, Los Angeles, Med. Coll. of Indiana, Feb. 28, 1879.
PORTER, CHAS. S., 4280, Los Angeles, Med. Dept. Univ. City N. Y., Apr. 7, 1894.
STRONG, PHILLIP K., 4281, Los Angeles, Bellevue Hosp. Med. Coll., N. Y., Mar. 12, 1888.
VAUGHAN, C. E., 4282, Santa Barbara, Harvard Med. Coll., Mass., July 15, 1893.
WEED, GIDEON A., 4283, Berkeley, Rush Med. Coll., Ill., Feb. 2, 1876.

The following graduated at Cooper Medical College, Cal.

ANDERSON, EDITH V., 4284, San Francisco, Dec. 6, 1894.
CARPENTER, ALLEN M., 4285, Berkeley, Dec. 5, 1895.
HOLMES, CLARA MAY, 4286, Oakland, Dec. 5, 1895.
PETERS, BIRGER, 4287, San Francisco, Dec. 5, 1895.
ROBLEE, WM. W., 4288, Riverside, Dec. 5, 1895.
STONE, BERTRAM, 4289, Redding, Med. Dept. Univ. California, Jan. 13, 1895.
CHAS. C. WADSWORTH, Secretary, 518 Sutter Street, San Francisco.



VIEWS AT JACKSON'S NAPA SODA SPRINGS—The Home of Napa Soda Mineral Water.

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Editors and Publishers Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

THE STATE MEDICAL SOCIETY.

The annual meeting of the State Medical Society of California will be held in Los Angeles, at the Odd Fellows' Hall, on Main street, April 21-23. The complete program will be sent out in a few days. The following is an outline:

Tuesday, April 21, 9:30 a. m.—

Opening; Address of Welcome; President's Annual Address; Report of Committee on State Medicine.

1:30 p. m.—

Report of Committee on Pathology; Committee on Gynecology; Committee on Medical and Surgical Diseases of Children.

In the evening, a reception will be tendered by the Los Angeles County Medical Association.

Wednesday, April 22, 9 a. m.—

Report of Committee on Medical Topography; Committee on Clinical Medicine; Committee on Dermatology and Genito-Urinary Diseases.

1:30 p. m.—

Report of Special Committees; Election of Officers. The principal street parade of the Fiesta will take place in the afternoon.

Thursday, April 23, 9 a. m.—

Report of Committee on Ophthalmology; Committee on Surgery. Medical Education and Medical Legislation.

1:30 p. m.—

Report of Committee on Obstetrics; Committee on Laryngology. Adjournment.

On account of the crowds in the city during the Fiesta, the Committee of Arrangements have been unable to secure any reduced rates at the hotels; they recommend that those intending to be present apply at once for their rooms.

SOUTHERN CALIFORNIA MEDICAL SOCIETY,

The Executive Committee announce that the next meeting of this society will be held June 4 and 5, 1896, at Pomona, by invitation of the Pomona Valley Medical Society.

ANTIVIVISECTION.

In view of the fact that a bill is now before Congress restricting vivisection in the District of Columbia, one of similar import introduced into the Legislature of Massachusetts, and the report that a like measure is being prepared for the New York Legislature, the *Medical News*, Feb. 29, 1896, says: "There is no doubt that the bills already prepared, if enforced will seriously hamper and practically abolish biological and medical researches. It is therefore the part of wisdom to put forth every effort to strangle them in their birth. But we, as a profession, may as well recognize the fact that this is a question that will not down. It will rise year after year to hamper and annoy. We would therefore advance the suggestion that the wise and prudent course is, not to await the action of the humane societies, but for each State Medical Society to take the initiative, to instruct its committee on legislation to have a proper bill drawn up, presented, and placed upon the statute-books. This would put a stop to the constant agitation of the subject and preserve by proper restrictions (and it should have restrictions) this valuable and indispensable method of experimental medicine."

SOME NEW QUACKS.

At the present time Los Angeles is passing through an epidemic of quackery. It must be admitted that this disease is somewhat endemic in this city. But the specimens who are permanently settled here while *rank* enough make but a precarious existence. Some of the

old frauds still inhabit dingy dens marked "Medical and Surgical Institute." They advertise on a small scale, lie on a large scale, and make their daily round of professional ignominy, till one by one they pass away "unwept, unhonored and unhung." To enliven these slow-going quacks, there have this last year come to town a more audacious set—the self styled *specialists*, who take up whole pages of advertising in the Sunday papers. With this hush-money they muzzle the press. The tricks to which they stoop are amazing both as to audacity and meanness. One concern, represented to be comprised of several eminent specialists, is only *one* man whom the office boy addresses by different names at different hours—Dr. Brown at nine o'clock, Dr. White at twelve, and Dr. Green at four—a veritable medical chameleon! Another medical bunco shop sells bottled gasoline as a wonderful liniment which "rubs in quickly." Still another brood actually got \$250.00 for opening a simple abscess, and showed the thankful lunatic pieces of chopped up liver which was supposed to be the cancer removed from the wound.

Some of these concerns have working for them starved out doctors, others employ medical wrecks from alcoholism or morphinism. "But the jingle of the guinea helps the hurt that honor feels." For the time being the Chinese hobo is eclipsed by the electrical fakir and the cheeky charlatan.

 EDITORIAL NOTES.

DR. FANNIE C. HUTCHINS, recently resident physician of the Hospital for Children in San Francisco, is taking a post-graduate course in New York City.

WE have just received cards announcing the marriage of our old, yet young, friend Dr. Ashley S. Parker, of Fallbrook, to Miss Grace Guffin, of Riverside.

DR. S. A. KNOPF, who received the degree of Doctor of Medicine in Paris last spring and has since been pursuing special studies, has returned to Los Angeles.

THE subject of the prevention and cure of diphtheria and other contagious diseases was discussed at the last meeting of the Pasadena Medical Society, the discussion being opened by Dr. R. J. Mohr.

DR. J. E. COWLES has been suffering from a severe attack of rheumatic fever, having been ill three weeks. We are pleased to note that he is now a little better, and hope he will soon be entirely out of danger.

THE SAN FRANCISCO POLYCLINIC, the Post-Graduate Department of the University, seems to be losing its prominent members. Drs. J. F. Morse, W. S. Thorne, E. S. Clark, Harry Sherman and W. F. Mc-

Nutt, have all recently resigned. These gentlemen are extremely regretful as to the cause for their resignation. After a good deal of enquiring among their friends all that we have been able to learn is that the Polyclinic having utterly failed as a post-graduate department, they had no interest in it as a dispensary.—*Pacific Med. Journal*.

A PRELIMINARY program participated in by specialists, from Michigan, Wisconsin, Iowa, Missouri, Kansas, Kentucky, Louisiana and Colorado, will be rendered in Kansas City, Mo., April 9-10, 1896, after which a Western Society of Eye, Ear, Throat and Nose Surgeons will be formed.

THE new year finds new faces on our exchange table: The Alumni Register, the organ of the General Alumni Society of the University of Pennsylvania. The Medical Council, edited by J. J. Taylor, of Philadelphia, "a monthly journal devoting especial attention to obstetrics, diseases of women, diseases of children and *stirpiculture*." The Clinical Recorder with Wm. S. Gottheil, M.D., of New York, as editor, who proposes "to furnish a practical record of clinical events, which shall be useful alike to the general practitioner and interesting to the specialist."

THE AMERICAN MEDICAL PUBLISHERS' ASSOCIATION will hold its third annual meeting in Atlanta, Ga., Monday, May 4th, and considering the many recent applications for membership, a large attendance is assured. A number of new and important topics have been suggested for discussion, and the program will include papers from experienced publishers. Members and others desiring to contribute papers will be furnished valuable information upon communicating with the Secretary, Charles Wood Fassett, St. Joseph, Mo.

CHARLES WOOD FASSETT, Secretary of the American Medical Publishers Association, has just issued a revised edition of the "Medical Journal Exchange List," containing names and addresses of all publications in the United States and Canada, devoted to Medicine, Surgery, Pharmacy, Hygiene, Microscopy, and allied sciences. This list is printed upon adhesive paper, and is used extensively by publishers in mailing their exchanges, as well as by scientific writers in sending out reprints, etc. Price \$1.25 per dozen complete sheets. (Furnished free to members of the Association.)

THE directors of the Post-Graduate Medical School and Hospital have named one of their wards in memory of the late Dr. Charles Carroll Lee, who for many years was a professor in the institution. They have placed a tablet in the ward, giving the names of those who combined to contribute the ten thousand dollars, which was given for the purpose of the memorial. These names are as follows. Dr. Robert

Abbe, Dr. L. Bolton Bangs, Mrs. James Beales, Dr. Stephen S. Burt, Miss Caldwell, Dr. Charles L. Dana, Dr. Bache McE. Emmet, Dr. George H. Fox, "A Friend," Dr. Horace T. Hanks, Mr. and Mrs. Eugene Kelly, Mr. and Mrs. Henry J. Lamarche, Dr. Daniel Lewis, Mr. and Mrs. William Lummis, Mr. and Mrs. Frank A. Otis, Dr. Clarence C. Rice, Mr. Eli K. Robinson, Mr. Nelson Robinson, Dr. D. B. St. John Roosa, Mrs. Eliza M. Sloan, Dr. Andrew H. Smith, Mrs. M. E. Sparks, Dr. Reynold W. Wilcox. It will be seen that the Faculty of the institution participated largely in the memorial gift.

PAMPHLETS RECEIVED.

METATARSALGIA. By Thos. S. K. Morton, M. D., Philadelphia. Reprint from Transactions of Philadelphia Academy of Medicine, 1893.

ETIOLOGY AND SYMPTOMATOLOGY. By Lewis H. Ader, Jr., M. D., Philadelphia. Reprint from the Philadelphia Polyclinic, December, 1895. "EXCISION OF THE COCCYX FOR CONSTANT PAIN, RESULTING FROM AN UNUNITED FRACTURE." By the same. Reprint from the Medical News, September, 1895. "THE OPERATIVE TREATMENT OF FISTULA IN ANO." By the same. Reprint from the International Medical Magazine, October, 1892.

SUPPLEMENTARY REPORT ON THE SUCCESS OF ELECTROLYSIS IN THE TREATMENT OF URETHRAL STRICTURES. By Robert Newman, M. D., New York. Reprint from the Jour. Amer. Med. Ass'n, May, 1895.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA. 1895.

RESPONSE TO THE TOAST, "EPHRAIM MCDOWELL." By Joseph Eastman, M. D., Indianapolis. Reprint from Jour. Amer. Med. Ass'n, November, 1895.

ELEVENTH ANNUAL REPORT OF THE NEW YORK POST-GRADUATE HOSPITAL. 1895.

CHRONIC SEMINAL VESICULITIS, WITH HEMORRHAGE. By S. P. Collins, M. D., Hot Springs, Arkansas. Reprint from Cincinnati Lancet Clinic, November, 1895.

THE EARLY RECOGNITION OF CARCINOMA OF THE CERVIX. By Hunter Robb, M. D., Cleveland, Ohio. Reprint from the Amer. Gynecol. and Obstet. Journal, September, 1895. "THOROUGHNESS IN MEDICAL EDUCATION." By the same. Reprint from Western Reserve Journal, December, 1895. "THE SURGERY OF THE URETERS AND KIDNEYS." By the same.

TAMPONS. ILLUSTRATED. By Geo. E. Abbott, M. D. Reprint from the N. Y. Med. Jour., September, 1891.

THE TECHNIQS OF MAUNSELL'S METHOD OF INTESTINAL ANASTOMOSIS. By Frederick Holme Wiggin, M. D., New York. Reprint from the N. Y. Med. Jour., December, 1895.

A CONSIDERATION OF SOME OF THE NEWER PROBLEMS IN ABDOMINAL AND PELVIC SURGERY IN WOMEN. By CHAS. P. NOBLE, M.D., Philadelphia. Reprint from the Amer. Jr. of Obs., Nov. 6, 1895. "Technique of Emptying the Uterus in Inevitable Abortion," by the same. Reprint from Codex Mediciens, Dec., 1895.

A CASE OF DERMOID OF BOTH OVARIES COMPLICATED BY A DEPOSIT OF BONE UPON EACH SIDE OF THE TRUE PELVIS, HAVING NO CONNECTION WITH THE TUMORS. By CHAS. P. NOBLE, M.D., AND JOSEPH P. TUNIS, M.D. Reprint from The Amer. Jr. of the Med. Sciences, Dec., 1895.

MOVABLE KIDNEY. By CHAS. P. NOBLE, M.D. Reprint from Gaillard's Med. Jour. "A Consideration of Certain Doubtful Points in the Management of Abortion," by the same. Reprint from the Therapeutic Gazette, Jan., 1896.

THE SENSORY NERVOUS SYSTEM IN DIAGNOSIS.—THE REFLEXES.—A CONTRIBUTION FOR COLLEGE STUDENTS. By CHAS. H. HUGHES, M.D. Reprint from Alienist and Neurologist, Jan., 1896.

COOPER MEDICAL COLLEGE. Annual Announcement, Session 1896.

ANNOUNCEMENT OF THE ILLINOIS MEDICAL COLLEGE, 1896.

REPORT OF THE KENSINGTON HOSPITAL FOR WOMEN, (non-sectarian), Philadelphia, 1895.

NEPHRITIS OF THE NEWLY BORN. BY A. JACOBI, M.D. Reprint from the New York Med. Jour., Jan. 18, 1899.

TREATMENT OF FRACTURES OF THE LOWER EXTREMITIES IN AMBULANDO. BY ALEX. C. WIENER, M.D., Chicago. Reprint from the Railway Surgeon.

ANTI-CHOLERA INOCULATION. Report to the Government of India. By W. M. Haffkine, Calcutta.

A NEW OPERATION FOR CONGENITAL PTOSIS. BY T. C. EVANS, M.D., Louisville, Ky. Reprint from the New York Med. Jour. Dec. 21, 1895

BELLADONNA POISONING WITHOUT DILATION OF THE PUPILS, CAUSED BY A BELLADONNA PLASTER. BY DOUGLASS W. MONTGOMERY, M.D., San Francisco. Reprint from The Medical News, Jan. 25, 1895.

BOOK REVIEWS.

AN AMERICAN TEXT-BOOK OF SURGERY, for Practitioners and Students.

Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph. D. Second edition carefully revised. Philadelphia; W. B. Saunders, 925 Walnut street, 1895. \$7.00 Cloth, \$8.00 Sheep, \$9.00 one-half Russia. For sale by subscription only.

The list of authors includes many of the best known surgeons and teachers and workers in America. Besides Chas. H. Burnett, otologist, and Wm. Thompson, ophthalmologist, both of Philadelphia, there are eleven general surgeons, Wm. W. Keen, and J. Wm. White, of Philadelphia; Frederic S. Dennis and Lewis A. Stimson, of New York; Phineas S. Connor, of Cincinnati; Chas. B. Nancrede, of Ann Arbor; Roswell Park, of Buffalo; Nicholas Senn, of Chicago; Francis J. Shepherd, of Montreal, and J. Wm. Warren, of Boston. The book contains 1,248 pages. The first edition was published in 1892, and in these three years it has been adopted as a text-book in sixty American colleges, besides having a large domestic and foreign sale. Owing to the advances in surgery quite an amount of new matter, and a rewriting of the old is required.

Among some of the new features are a description of the effect of modern small arms in military surgery, with an illustration showing that the penetrating power of the modern bullet is over six times as great as the old fashioned projectile. (p. 111.) There is also a short description added of symphyseotomy (p. 959), a comparatively simple operation, yet one which allows of a drawing apart of the pubic bones three inches.

Murphy's button is alluded to (p. 723) but is regarded as dangerous. Of double castration for hypertrophy of the prostate (an innovation since first edition), it says, "The operation rests upon firm clinical and pathological basis, and has certainly passed the experimental stage." (p. 919.) Considerable new matter can also be found in the sections on fractures and dislocations, appendicitis, hernia, amputations of the breast. Also there has been added a short notice of acromegaly, the Hartley-Krause method of removing the Gasserian ganglion, osteo-plastic resection of the skull, Schede's operation on the chest, and Witzel's method of gastrostomy.

The work is divided into four divisions: General, Special, Regional and Operative Surgery. General surgery includes chapters on Bacteriology, Inflammation, The Process of Repair, Traumatic Fevers, Suppuration and Abscess, Ulceration

and Fistula, Gangrenous Thrombosis and Embolism, Septicemia, Pyemia, Erysipelas, Tetanus, Scurvy, Tuberculosis and Scrofula, Rachitis, Contusions and Wounds, Syphilis, Hereditary Syphilis, and Tumors.

Special Surgery contains articles on the Vascular System, the Osseous System, Fractures, Diseases and Injuries of the Muscles, Tendons and Bursae, Orthopedic Surgery, Surgery of the Nerves, of the Joints, Dislocations, Diseases and Injuries of the Lymphatics, Surgical Diseases of the Skin and its Appendages.

Regional Surgery is devoted to remarks on Diseases and Injuries of the Heart, of the Spine, of the Respiratory Organs, of the Neck, of the Digestive Tract, of the Abdomen, of the Genito-Urinary Tract, of the Female Generative Organs, of the Breast, of the Eye, and of the Ear.

Operative Surgery has articles on the following subjects: General Principles, Anesthesia, Plastic Surgery, Ligation of Arteries, Operations on Bones and Joints, Amputations, and Minor Surgery.

The general make-up of the work is excellent, its typography and illustrations are good, and nearly all the figures are original. There are 37 fine full-page plates, and over 500 illustrations. The plates need more than a passing remark as they are exceptionally good.

As to the text of this magnificent epitome of American surgical thought and practice, a comparison of the authors and of the subject shows that it needs no encomiums from us. It is well up in the advance views of the day. It is undoubtedly one of the best text books of surgery ever published, indeed it is the best single volume on this subject we have ever seen. It takes its place among the high grade text books published by Saunders in the very foremost rank, and cannot fail of being of great value to the thousands of surgeons who will purchase it.

THE AMERICAN ACADEMY OF RAILWAY SURGEONS. Official report of first meeting held at Chicago, Ill., Nov. 9 and 10, 1894. Edited by R. Harvey Reed, M.D., Columbus, Ohio. Chicago: American Medical Association Press Co. 1895.

The immense mileage of the railroads in the United States, and the correspondingly large number of accidents peculiar to such a business, makes railway surgery almost a specialty in itself. Hence the necessity of the formation of societies where the railroad surgeons can discuss the questions pertinent to their duties. This little volume gives in a most compact form the report of their organization and the transactions of their first meeting.

SKIASCOPY, AND ITS PRACTICAL APPLICATION TO THE STUDY OF REFRACTION. By Edward Jackson, A.M., M.D. professor of diseases of the eye in the Philadelphia Polyclinic, surgeon to Wills' Eye Hospital, etc., etc. 112 pages with 26 illustrations, mostly original. Price, \$1. Sent post paid on receipt of price, or may be obtained through medical booksellers. The Edwards & Docker Co., 518 Minor street, Philadelphia, Pa.

Skiascopy, the Shadow-Test, is recognized by all who have mastered it as the most important objective method of measuring refraction. This book gives the clearest, most complete and most practical account of it yet published.

It is a book which no specialist can be without. It contains 112 pages. Its value can be estimated from the following:

TABLE OF CONTENTS.

Chapter I. History, Name, Difficulties and How to Study the Test.

Chapter II. General Optical Principles, Reversal, Real and Apparent Movement of Light, Rapidity of Movement, Form and Brilliancy of Light Area. The Point of Reversal.

Chapter III. Conditions of Accuracy. Source of Light. Focusing on Retina. Positions of Accuracy. Irregularities in Media or Surfaces.

Chapter IV. Regular Astigmatism. Points of Reversal, Band-like Appearance. Changes with Distance. Direction of Band and Movements.

Chapter V. Aberration and Irregular Astigmatism. The Visual Zone. Symmetrical Aberration, Positive and Negative. Irregular Astigmatism. Conical Cornea. The Scissors Movement.

Chapter VI. Practical Application with Plane Mirror. Position and Arrangement of Light. H., E., M. Regular Astigmatism. Aberration and Irregular Astigmatism. Measurement of Accommodation.

Chapter VII. Practical Application with Concave Mirror. Position and Arrangement of Light. H., E., M. Regular Astigmatism. Aberration and Irregular Astigmatism. Measurement of Accommodation.

Chapter VIII. General Considerations. Apparatus. Mydriatics. Relative Advantages of Plane and Concave Mirrors.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with Especial

Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third Edition, Thoroughly Revised. Reset with New Type and Printed from New Electrotype Plates. Royal Octavo, Pages ix, 1108. Extra Cloth, \$5.00 net; Sheep, \$5.75 net. Philadelphia. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Formerly Shoemaker's *Materia Medica* appeared in two volumes, it is now issued in one book of some 1100 pages. Not only does it contain a considerable number of new remedies, but all new applications of well known drugs. The antitoxin treatments come in for their share of discussion. The first part of the work is devoted to pharmacology, pharmacy, materia medica, prescription writing, poisons and their antidotes, general therapeutics, and classification. Then there follows the main part of the work descriptive of the various drugs. The latter part of the work is largely devoted to other remedies than drugs, such as those found in electricity, massage, pneumatology, inhalations, balneology, climatology, heat, cold, hypnotism, water, diet, light, darkness and various miscellaneous agencies. This latter part of the work ought to be read by many for on the careful following out of its details rests not a little of the success of the physician. Indeed, for the greater number of diseases hygiene and rational management is of greater worth than medication. Be that as it may, there is still large virtue in intelligent drug taking. It is on this point that Shoemaker is especially strong—the practical application of the appropriate remedy for each case clinically. The fine print and close composition allows a great deal of matter to be put into the book. It deserves to rank well with the standard works.

NOTICE TO LIBRARIANS, AND TO PHYSICIANS HAVING UNUSED MEDICAL PERIODICALS.

Dr. Geo. M. Gould, 925 Walnut street, Philadelphia, requests Librarians of Medical Societies, Colleges, and Associations to send him lists (with precise dates, etc.) of such periodicals as they need to complete their files.

He also begs physicians (or legatees) to send him accurate lists of such periodicals (or books) as they are willing to donate to libraries. Lists only are desired, not the periodicals themselves, until after correspondence, it shall have been determined: 1. Where they are needed; 2. where they will be properly cared for; 3. where they will do most good to medicine.

It is Dr. Gould's intention to aid established libraries in completing their files by thus forming a kind of (gratis) exchange, and to encourage the formation of new public Medical Libraries by utilizing some of the vast numbers of valuable medical publications at present going to waste or destruction.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000

February, 1896.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....	113	13.50	60	53	26	9	40	32	100	4	3	
Deaths under 5 years.....	26											
i. Specific infectious diseases.....	22	2.64	13	9	5	3	8	0	21	1		
ii. Diseases of digestive system.....	8	.96	6	2	5	1		2	8			
iii. Diseases of respiratory system.....	44	5.48	22	22	14	5	10	6	40	2	2	
iv. Diseases of nervous system.....	4	.48	1	3	1		2	1	4			
v. Diseases of circulatory system, blood and ductless glands.....	10	1.20	3	7			4	6	10			
vi. Diseases of genito-urinary organs.....	6	.72	3	3			5	1	6			
vii. Constitutional diseases.....	4	.48	4	2			1	3	4			
viii. Intoxication, violence, accidents.....	9	1.08	8	1	1		5	3	7	1	1	
ix. Miscellaneous diseases.....	6	.72	2	4			2	4	6			
i. Septicæmia.....												
Pyæmia.....												
Diphtheria.....												
Erysipelas.....												
Typhus fever.....												
Typhoid fever.....	2	.24	1	1				2	2			
Malarial fever.....												
Scarlet fever.....	1	.12	1				1		1			
Measles.....	1	.12	1		1				1			
Cerebro-spinal meningitis.....	1	.12		1	1				1			
Tubercular Meningitis.....	3	.36	1	2	1		1	1	3			
Tuberculosis.....	13	1.56	8	5	2	2	6	3	12	1		
Influenza.....												
Dysentery.....												
Syphilis.....												
Tetanus.....												
ii. Diseases of the œsophagus.....												
Gastritis.....	1	.12		1				1	1			
Enteritis.....	1	.12	1		1				1			
Gastro-enteritis.....	2	.24	2		2				2			
Cholera infantum.....	1	.12	1		1				1			
Entero-Colitis.....												
Appendicitis.....												
Intestinal obstruction.....	2	.24	1	1		1		1	2			
Diseases of liver.....												
iii. Membranous croup.....												
Bronchitis.....	8	.96	5	3	7		1		8			
Pneumonitis.....	14	1.68	6	8	4	3	4	3	13	1		
Pleuritis.....												
Phthisis.....	10	2.28	10	0	3	1	13	2	16	1	2	
iv. Diseases of brain.....	2	.24	1	1			2		2			
Diseases of spinal cord.....												
Neuritis.....												
Epilepsy.....	1	.12		1	1					1		
v. Diseases of heart.....	10	1.20	3	7			1	6	10			
Degeneration of arteries.....												
Aneurism.....												
Anæmia.....												
vi. Uraemia.....	1	.12		1			1		1			
Cystitis.....												
Chronic Bright's disease.....	2	.24	1	1			2		2			
Nephritis.....	2	.24	2	1			1	1	2			
vii. Rheumatism.....												
Gout.....												
Diabetes.....												
Inanition.....	1	.12	1					1	1			
Senility and Asthenia.....	3	.36	1	2			1	2	3			
viii. Alcoholism.....	2	.24	2				1	1	2			
Opium habit.....												
Suicide.....	2	.24	2				2		2			
Violence and accidents.....	5	.60	4	1	1		2	3	5	1	1	
ix. Tumors—malignant.....	4	.48		1			1	3	4			
Tumors—non-malignant.....												
Other diseases.....	2	.24	2				1	1	2			

F. W. STEDDOM, M. D., Health Officer.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of February, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	68	45	56	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 30.08. Highest pressure, 30.27, date 25. Lowest pressure, 29.82, date 29. Mean Temperature, 60°. Highest temperature 88°, date 16. Lowest temperature 36°, date 5. Greatest daily range of temperature 39°, date 16. Least daily range of temperature 12°, date 2.
2	59	47	53	0	
3	60	40	50	T	MEAN TEMPERATURE FOR THIS MONTH IN
4	61	40	50	0	
5	65	40	52	0	1876 1883 52° 1890 54°
6	69	36	52	0	1877 1884 56° 1891 53°
7	64	37	50	0	1878 55° 1885 57° 1892 54°
8	68	36	52	0	1879 56° 1886 60° 1893 55°
9	76	45	61	0	1880 51° 1887 51° 1894 51°
10	67	46	56	0	1881 59° 1888 54° 1895 57°
11	64	42	53	0	1882 51° 1889 56° 1896 60°
12	68	39	54	0	Mean temperature for this month for 18 years, 55°
13	76	44	60	0	Average excess of daily mean temp. during month, 4.5°
14	68	49	58	0	Accumulated excess of daily mean temp. since Jan. 1, 267°
15	82	44	63	0	Average daily excess since January 1, 4.4 of a degree.
16	88	49	68	0	Prevailing direction of wind, Northeast.
17	87	57	72	0	Total movement of wind, 2528 miles.
18	86	53	70	0	Maximum velocity of wind, direction, and date, 22m, NW, 26.
19	83	55	69	0	Total Precipitation, Trace
20	78	51	64	0	Number of days on which .01 inch or more of precipitation fell, 0.
21	68	43	56	0	Mean Dew Point, 38°
22	72	43	58	0	Mean Relative Humidity, 52 per cent.
23	80	44	62	0	TOTAL PRECIPITATION FOR THIS MONTH IN
24	82	47	64	0	1879 97 1885 T 1891 8.56
25	84	56	70	0	1880 50 1886 1.41 1892 3.19
26	82	45	64	0	1881 36 1887 9.25 1893 2.21
27	83	54	68	0	1882 2.66 1888 80 1894 ..... .49
28	74	50	62	0	1883 3.47 1889 ..... .92 1895 ..... .46
29	68	49	58	0	1884 13.37 1890 1.30 1896 T
30					Average precip'n for this month for 18 years, 3.37.
31					Total deficiency in precipitation during month, 3.37 inches.
					Accumulated deficiency in precip'n since Jan. 1, 3.42 inches.
					Number of clear days, 21.
					" partly cloudy days, 5.
					" cloudy days, 3.
					Dates of Frost, Light, 3, 4, 5, 6, 8, 12; Heavy 7.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., FEBRUARY, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles	60.	88.	39.	30.08	52.	0	T	21	5	3	N E	2,528
San Diego	58.	83.	39.	30.08	58.	1	.02	20	4	5	N E	3,028
Santa Barbara	61.2	85.	40.	...	53.	0	0	23	3	3	W & NW	2,808
Yuma	61.	91.	34.	30.04	30.	0	0	20	1	1	N	5,487
Ontario	55.	83.	37.	...	...	0	0	17	8	4	N W	...
Pasadena	58.	84.	38.	...	...	0	0	...	...	...	W	...
Redlands	53.	67.	34.	...	...	0	0.06	...	...	...	W	...
San Bernardino	56.	85.	30.	...	...	0	0	22	4	3	W	...
Riverside .....	...	...	...	...	...	...	...	...	...	...	...	...
Santa Ana	61.	86.	40.	...	...	0	0	...	...	...	S E	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

CONGESTION OF THE KIDNEYS WITH SCALDING URINE AND INFLAMMATION OF THE URETHRA.

I ordered a bottle of Sanmetto for my own use. I had been suffering from congestion of the kidneys with scalding urine and inflammation of the urethra for a long time. All I did failed to give me any relief. I decided to try Sanmetto. The first bottle gave me such relief that I ordered another one from my druggist and used about one half of it. I consider that I am a well man in that respect for the first time in ten years. I am confident that Sanmetto did the work, and of course I am *highly pleased with it*. Will continue to use it whenever an opportunity presents itself.

Waynemenville, Ga.

S. HULL SMITH, M.D.

I have used your preparation of Phytoline in several cases of obesity with excellent results, one patient being reduced from 207 to 148 lbs., and in another case of fatty degeneration of the heart, was very much pleased indeed with its action.

J. W. HUNTINGTON, M.D.

PARTURITION. Dioivurnia, (Dios) in teaspoonful doses every hour after parturition is the reliable agent to prevent after pains and hemorrhage. It being the most powerful uterine tonic attainable having direct action on the uterus expelling blood clots, closes the uterine sinuses, contracting the womb and preventing subinvolution.

In severe cases fluid extract of ergot should be combined, one part to four of dioivurnia. It is the experience of the most progressive practitioners that in all cases where ergot is indicated, its action is very much more efficacious by combining with dioivurnia in the above proportion.

A. C. MESSENGER, Resident Physician, Soldiers and Sailors' Orphans Home, Xenia, Ohio, April 1st, 1895.—“During the past winter we had an outbreak of whooping cough at this institution, having about 60 cases. They were all treated by inhalation of your Vapo-Cresolene without other treatment. In these cases they all made uneventful recoveries without complications. I unhesitatingly recommend your preparation in whooping cough.”

A CLINICAL STUDY OF ANTIKAMNIA.

The *New York Medical Record* contains an exhaustive article under the above caption by Samuel Wolfe, A.M., M.D., Physician to the Philadelphia Hospital; Neurologist to the Samaritan Hospital, Philadelphia. He summarizes as follows:

“I feel justified from my experience, to formulate the following conclusions:

“That antikamnia is valuable for reducing temperature in febrile complaints.

“That it is of service in many forms of pain connected with febrile diseases.

“That it has a field of use in rheumatic and gouty affections.

“That in neuralgic and myalgic pains, it is not only palliative, but along with other measures, assists in ultimate cures.

“That in neurasthenia, hysteria and migraine, it is a valuable adjuvant to the other recognized therapeutic measures.

“That in organic nervous diseases, it has a field of application.

“That it is the least depressing of all the drugs that can exercise so extensive a control of pain, and also least disturbing to the digestive and other organic functions.” He further states:

"The scientific physician prefers always to treat a cause or condition, rather than a mere symptom. If he can remove pain, by abolishing its cause, he will do so, rather than to blunt the sensory structures so that the pain is not felt. The demand for relief from mere symptoms, however, frequently becomes imperative, and this is especially the case when pain is present. We would cease to respect the physician, who in the presence of an acute agonizing pain, which mechanical or other means could not quickly relieve, who would withhold the hypodermic morphia. On the other hand, we applaud the sentiment which seeks for measures to combat this symptom, carrying with them less of the remote dangers, which are inherent in the frequently repeated and long continued use of opiates."

ACCURATE ADMINISTRATION OF LITHIA.

Wm. R. Warner & Co.'s original Lithia Water Tablets (3 and 5 grains) admit of an accurate dosage of Lithia not to be obtained in any natural Lithia Water.

These tablets are securely packed so as to maintain their permanency, in consequence of which, when a Lithia Water Tablet is placed in a glass of water it quickly dissolves, effervescing in so lively a manner as to excite the interest of the patient to such a degree, that the unpleasant thought that he is about to take a medicine, does not arise. Now that Lithia has become a valuable remedy for Rheumatism, Lithemia, Gout, Gravel, Bright's Disease, etc., these tablets are without doubt the most convenient method to administer it, as enough Lithia Water Tablets may be carried in the pocket to make $2\frac{1}{2}$ gallons Lithia Water of definite strength.

TO DESTROY BACILLI OF TUBERCULOSIS.

It is encouraging to see that the New York Board of Health is taking practical steps towards limiting the spreading of consumption, as indicated by the recent notice to Railroad and Ferry Companies, suggesting removal of matting from floors of cars and vessels, and placement of disinfected cuspidors therein.

Apropos of this we would call attention to the fact that Platt's Chlorides is particularly adapted to the disinfection of cuspidors, as it is not rendered inert by the coagulation of albuminous matter present in sputum, nor by odor can it offend the most fastidious.

Its efficacy and elegance has been recognized by original investigators in this field, as is evidenced by the following:

"I use 'Platt's Chlorides' in the disinfection of cuspidors, chiefly to destroy Bacilli of Tuberculosis, and believe the preparation good and active."

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PAUL PAQUIN, M.D.

UTERINE DERANGEMENTS.—I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris Cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.

Georgiana, Ala.

L. M. MCLENDON, M.D.

SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

PRESIDENTIAL ADDRESS.*

BY WM. LE MOYNE WILLS, M. D., LOS ANGELES, CAL.

Ladies and Gentlemen and Members of the Medical Society of the State of California:

Another year has rolled around and for the twenty-sixth time since its organization the Medical Society of the State of California meets for its annual session, and for the second time in its history honors the southern part of this vast commonwealth by meeting in the City of the Angels. We of the South and of this city, bid you a hearty welcome and appreciate more than words will express the unanimous choice of this city as the place of meeting for this year, especially as it necessitates a longer journey than usual for most of you, and we will do our best to so entertain you that you will not regret your decision, and wish to come again.

It will be difficult to surpass the pleasures of our last meeting here, but if we can make this one as enjoyable, and fill this professional holiday with memories which will stand side by side with those of your first visit, we will all be satisfied.

As this is a gala season and a holiday time, it will not be possible to extend to you the usual hospitalities, yet we hope the variety and novelty of the Fiesta will be more entertaining than the usual receptions, balls and banquets.

For the medical exercises this Fiesta may be distracting, but for the ladies we are sure the two meetings in the same week will be what they would choose—so while not planning for a common use of these dates, we hope our exercises will be promptly and pleasantly carried on and the evenings given over to gaiety and pleasure.

*Delivered at the 26th annual meeting, on April 21st, '96, at Los Angeles, Cal.

PREVENTIVE MEDICINE.

The medical profession has reason to congratulate itself upon the many wonderful discoveries and inventions of the past year, which stand out in bold relief from the great progress of the past decade.

While surgery has made vast strides forward since 1873, when Lister announced his antiseptic theory which revolutionized surgery and surgical procedures, medicine has seemed to lag behind. From the cumbersome details of the carbolic acid period, have come the simpler methods of asepsis, but the principle is the same and dates back to the distinguished English surgeon. For the starting point in preventive medicine, we must go back into the last century to Jenner, who discovered vaccination which has protected man from the most contagious diseases. This was the *real beginning of serum therapy and immunization*. Jenner showed a conservatism which could well be emulated to-day, since he studied his subject for thirty years before announcing his discovery and then waited two years before publishing his first case of vaccination on man.

There was no application of the preventive method to other diseases for many years, until Louis Pasteur, after years of experimentation on animals, succeeded in counteracting the virus of rabies and applying this treatment successfully to man, thereby earning everlasting fame. By his recent death the world has lost one of its most brilliant and scientific investigators and one of man's greatest benefactors.

After many years of controversy as to the infectious nature of tuberculosis, the medical world was thrown into a state of great excitement when Koch in 1882 announced his discovery, that a specific bacillus was the primary cause of tuberculosis and demonstrated that the disease could be reproduced in susceptible animals. This came as a confirmation of theoretical conjecture, not a surprise, to many students, who had accurately observed the history of the disease, and who had experimented with tubercular tissue. These workers joyfully received Koch's communications on the subject, duplicated his methods in their laboratories and confirmed his results and deductions.

It was very soon admitted that the characteristic bacillus found in all tubercular tissues and their discharges, was not the cause of the disease, but the incidental accompaniment, and confirmed by experimental researches contemporaneously in all countries. The infectious nature of the virus was established beyond a doubt and it was reproduced in susceptible subjects, not only by experimental inoculations, but as readily by inoculation of an abraded surface by the unsought contact with matter containing the specific germ.

Modern science teaches that tuberculosis is rarely hereditary, almost always communicated, and if not preventable, is at least capable of very great restriction.

Since we know that the infectious material resides wholly in the secretions from the diseased part, it seems possible to restrict the propagation of this disease with more certainty and less inconvenience to the afflicted and their friends, than in any other infectious disease. To secure such restriction, a campaign of education must be begun and maintained. The public must be taught the nature of this disease, the methods of its propagation and the means which must be employed to control it. The plan adopted and followed with success for years by the State Board of Health of Michigan is perhaps superior to any other thus far proposed.

This plan obliges every physician and householder to report to the local Boards of Health every case of tuberculosis. To these patients and their friends, who come in contact with them, are sent circulars of information, setting forth in simple terms all facts concerning the nature, communicability and preventive

measures to be carried out to protect the patient and friends from the further spread of the disease. In order to spread accurate information concerning zymotic infectious diseases, the State of Michigan has within the last year made it obligatory to teach all pupils in the public schools the fundamental facts and practical methods of sanitation in all infectious diseases.

To restrict the spread of contagious diseases, especially tuberculosis, more must be done in the way of enlightenment than merely to warn patients and friends. This education must extend to all classes and all municipalities, and all public halls, cars, streets and pavements must be treated as infected places, cleaned and washed down accordingly.

The crying public shame of expectorating on floors of buildings, pavements, and streets must be stopped, as it is the most dangerous of all means of spreading the contagion, and places where tuberculous people congregate and live are thus rendered deadly to healthy people.

A law to prevent this filthy habit was passed by the Los Angeles City Council, but it was not enforced. Denver has lately made it a punishable offense to spit on floors of cars, halls, public buildings and pavements. It is time the different States should take up the subject of the transportation of tuberculous patients in the interest of the healthy persons, who are obliged to travel overland for days and nights with contagion in the next berth or seat. It may seem hard to the sick, but it is the duty of the medical profession, especially societies and the State Boards of Health to continually agitate, and by agitation instruct the public in matters of sanitation so vital to the living and uninfected.

If railroad companies will not discriminate and protect healthy passengers, the States through their medical officers and the profession must protect themselves and those intrusted to their charge.

It seems very absurd to allow a tuberculous dying man, a perfect hotbed of contagion, to travel as far as he can, but the minute life is gone, his dead body, of no danger for hours to anyone, must be instantly put off the train at the first station, even in the desert. This very thing happened to me, while traveling East with a patient and friend.

Along with the names of Lister, Pasteur and Koch, who have all done so much to influence the progress of modern medicine, and by true bacteriological research put it in the power of their pupils and successors to clear up many present difficulties and save many lives, must be mentioned the following contemporaries, who each deserve much honor, viz.: Eberth, the discoverer in 1880 of the typhoid germ; Fehleisen, of the erysipelas coccus; Laveran of the malarial plasmodium; Nicolaier of the tetanus bacillus; Hansen of the leprosy bacillus; Loeffler and Klebs in 1884 of the diphtheria bacillus; Friedländer and Fränkel of the pneumococcus; finally Kitasato, the Japanese bacteriologist, who had worked with Koch, and with Nicolaier in 1892 studied the tetanus bacillus, has worked out the bacillus of the plague.

SERUM THERAPY AND IMMUNIZATION.

For years numerous workers have been trying to solve the question of immunity. The fact that animals and human beings recover from infectious diseases, and that one attack of some infectious diseases protects for more or less of a lifetime against subsequent exposures, and in other diseases against a speedy return, led to the search for the method of cure and immunization against such diseases.

It was left for Behring to study out and make public the demonstration that the blood serum contained in tetanus and in diphtheria a substance which

has been called antitoxin, which in each disease had the property to so far antagonize the toxin of disease that if injected in sufficient quantity and strength, previously to or very shortly after the toxin of disease, it would prevent the poisoning of the system by the toxin.

Because diphtheria is so prevalent and because of its severity and high death rate, the attention of the world has been concentrated upon it, and it has for the present overshadowed all other serum methods.

Behring announced his discovery of antitoxin in 1894 and was soon followed in its use by Roux, of Paris, and the difference in their statistics compared with those obtained prior to the use of antitoxin produced a sensation. The names of these men are inseparably connected with this wonderful discovery, which as time goes on is more highly thought of and approved of by those having the greatest experience in the use of it.

In this State through the efforts of the State Board of Health the last Legislature appropriated \$6,000 to establish a laboratory in connection with the State University for the manufacture of antitoxin, but owing to the delay necessary for the preparation of the serum, it was decided by the State Board of Health to spend the money in buying antitoxin from the best makers and to distribute it at once *gratis* to the profession throughout California and thus make it possible for every one to have the immediate benefits of this wonderful remedy.

Too much credit cannot be given these gentlemen for their judgment and efficient management of this question, nor could \$6,000 have been better expended by the State. It has thus been brought within the reach of all without price. This treatment has been on trial in this country for more than a year, a sufficiently long time to be either accepted by all who have had enough experience to entitle their opinion to weight or to be discarded as worthless and unreliable. In order to substantiate the claims of the opponents of antitoxin it is necessary to show that this serum does not overcome the poison of diphtheria or that it is contra-indicated in the treatment of that disease. It is not at all astonishing that any new treatment or discovery should have opponents, but it is rather surprising that so eminent a specialist as Lennox Browne, of London, has condemned antitoxin in his recent book on "Diphtheria and Its Associates." In this country, Winters, of New York, who has had a large experience, is an opponent of antitoxin.

I do not believe that careful practitioners anywhere depend upon the injection of the serum alone in the treatment of diphtheria. It would hardly be possible to say how much was attributable to antitoxin in any one case or that the child would or would not have recovered without the injection of the serum. One of the strongest proofs of its efficacy is its results in those cases of laryngeal diphtheria which are the most difficult to treat by other means.

The statistics of the death rate from diphtheria and croup in Paris prior to and since the use of antitoxin are so favorable to the new method that until disproven, no other plan of treatment will be used.

Wm. H. Welch, of Johns Hopkins University confirms these reports in a paper based on a study of 7,000 cases treated by antitoxin. Corroborative evidence from so eminent a bacteriologist and such an authority as Welch practically settles this question for most Americans.

In tetanus, fortunately a comparatively uncommon disease, and hence not equally interesting, the results of animal experimentation equal the success of diphtheria antitoxin. The longer tetanus has existed, the larger will be the amount of serum necessary and the longer it must be continued. The cases thus far treated give the hope that if treatment is begun early and continued,

success will be proportionately greater. Statistics will have to be very carefully gathered to prove the real value of this remedy.

The organism and toxin of cholera have been used in animals, and recently Haffkine, in India, has succeeded in proving a probability that he has immunized those exposed against the disease. Claims are made for the success of serum therapy in other infectious diseases, viz., typhoid fever, pneumonia, and recently in the suppuration and infections caused by the streptococcus.

There is much promise in this field, but our enthusiasm must not be allowed to run away with facts, nor must we claim too much. Time alone will tell.

THE ETIOLOGY OF CARCINOMA AND SARCOMA.

Lately a controversy has been going on as to the nature of carcinoma and sarcoma, one view being that they are results of unused embryonal tissue stored up in some part of the body, while the other is that they are due to some parasite, animal or vegetable, and those holding the latter view have endeavored to check the growth by the use of toxins of erysipelas, or serum of animals treated with such serum. Coley, of New York, is an enthusiastic wonder in this direction and believes he has had some success and read a paper on this subject at Baltimore, 1895, before the surgical section of the American Medical Association.

One of the prettiest passages at arms I ever witnessed was the discussion of this subject between Senn and Coley. Senn disputed Coley's results, but Coley stood up manfully against the Chicago giant and claimed that his successes should offset Senn's failures.

ANTIPTHISIN AND ASEPTOLIN.

Antipthisin is one of the latest remedies for the treatment of tuberculosis and papers have been written about it and the results during the last year by Von Ruck, Denison and the last by L. P. Barbour, and read by him before the Middle Tennessee Medical Association, November, 1895.

This substance from its method of preparation is a modified tuberculin and is claimed to "cause the destruction and disappearance of the tubercle bacillus in living tissue and the return of the proliferated and degenerated cells to their normal appearance." If such be the case nothing more can be desired of any germicide acting through and upon the blood. The earlier this remedy is used the better, the advanced cases may be benefitted, provided the patient has a good degree of general health and not too great areas of breaking down. This treatment has supplanted tuberculin at Winyah Sanitarium, Asheville, N. C., under charge of Dr. Von Ruck. The author of paper quoted, Dr. Barbour, was a patient himself there as well as assistant physician, and his cases were afterwards treated in Tennessee. The results given are very promising.

The very latest treatment for consumption was announced in January, 1896, by Dr. Cyrus Edson, of New York, and is a soluble and more easily assimilable form of carbolic acid with hydrochlorate of pilocarpin and is called aseptolin. It seems rather odd that there was a considerable quantity already prepared for sale, when the announcement was sprung on the public by the blare of the secular press. However true this report may be, Dr. Edson has been good enough to print his formula so no one maker can control the monopoly of the preparation. The results of this cure will be watched with interest.

The predecessors of this latest alleged cure have all gone the same way—hot air inhalation, Bourgeon's carbonic acid and sulphuretted hydrogen injection, and finally tuberculin. The latter is still used by certain physicians in selected cases, with good results.

The discoverer Koch is said to be working to secure its successful use. Nothing would so please the medical world as that Koch, who was hurried into announcing his discovery before he had proved its success, should succeed and receive credit for a successful application of his method and give the human race immunity from the disease which destroys as many lives yearly, almost, as all other diseases combined. He, instead of being one of the many scientific benefactors of mankind would be crowned and placed higher than them all and justly so.

It is worthy of note how much more important each year is bacteriology to medicine. Formerly a side branch, but now the basis of positive diagnosis. No one can be considered thoroughly educated now-a-days without a knowledge of this important branch of medical study; no hospital staff is now complete without its bacteriologist.

ROENTGEN'S RAYS.

The entire scientific world has been thrown into a state of excitement in the last few months by the recent discovery of Prof. Röntgen, of Würzburg, that shadow pictures can be taken through opaque objects and in this way a new method of precision added to medicine and surgery. The medical and lay press is filled with trials and experiments everywhere.

Tesla claims to have known of this power two or three years ago and claims it is due to inaudible sound waves, and not to electricity, nor other waves. The terms radiography, skiagraphy, radiogram, and skiagram have been given to this process and their productions. The process is not properly photographic, though a sensitized plate is used. If this method can be perfected and made practical and easily handled, a great assistance in diagnosis especially in the surgery of doubtful cases, will be the result and wonders may be predicted. It would have a great medico-legal bearing. The Röntgen rays have shown no curative effect upon bacilli of various kinds, either inside or outside the body.

As to the usefulness and limits of this discovery we must await developments and be in the same expectant position as the profession is to-day with respect to the curative methods for tuberculosis, patiently waiting and ready and willing to adopt and follow any proven advance or plan of treatment.

VIVISECTION.

After a campaign of several years in England, antivivisection has lately been revived in the United States, and the Humane Society of the District of Columbia has had a bill "For the further prevention of cruelty to animals in the District of Columbia" introduced in both Houses of Congress, which was referred to the Commissioners of the District.

The editor of the *Medical News* well says the bill is misnamed and should read, "A bill for the prevention of advance in Medical Science in the District of Columbia and for the prevention of the application of discoveries already made."

This would be the result if allowed to become a law, and as it may be the beginning of a national movement it might as well be brought to a finish at the start, the sooner the better. The bill is too long to quote here, but the provisions are so restrictive and absurd in their claims and so much interfere with the liberty of scientific men and the progress of experimental physiology and medicine, that it behooves us all to thoroughly post ourselves and be ready to fight this mistaken idea of cruelty. No argument is needed with professional men and women but the public must understand this question, and the medical profession must see that it does and be prepared in every state to defend the present practice and liberty, which is to pursue experiments in a truly scientific manner, which does *not* give unnecessary pain.

If experimenters like Horsley, Ferrier and others had not been allowed to use animals in their laboratories, we should know very little of cerebral localization and many other every day practices of modern medicine and surgery. No one who knows anything of the men who give their lives and efforts to the advancement of science and life saving methods can believe that they would give unnecessary pain to the animals they use for the benefit of man. In fact they, from the very nature of their experiments, are obliged to anaesthetize their subjects in order to perform the very delicate experiments they are pursuing. Even granting for the sake of argument, that pain is given, in these laboratory experiments to innocent animals, is not the end a sufficient justification?

Do not these same animal pain preventionists go hunting and fishing and uselessly and needlessly give as much or more pain to their game with no object but their own pleasure?

The restrictions of the antivivisection bill would practically stop all original investigations in the physiological laboratories of colleges and of the Sanitary Department of the Government, and the laboratories of the Agricultural Department of Washington, the largest station in the United States, where animal diseases are investigated for their prevention, would have to be abandoned.

Without experimentation, antisepsis and the various methods for dealing with tuberculosis, diphtheria, cholera, pneumonia, and many other diseases would not be in use to-day.

One absurd clause in the bill before mentioned is that no animal experimented upon under anaesthesia shall be allowed to come from under influence of anaesthetic and live, if the operation should afterwards entail any suffering, which would prevent anything but immediate results from being observed.

It is time to call a halt in the preventive measures, especially of those, who, from well meant enthusiasm wish to reform the earth, but in so doing interfere with the liberties of others whose aims and efforts are as praiseworthy as their own. Progress necessitates certain liberties within proper limits. There are enough wrongs to be righted by the humanely inclined without meddling with laboratories where many of the greatest advances of the past thirty years have emanated from.

Since the bill was introduced in Congress the craze has broken out in Massachusetts, and a bill is to be introduced into the Legislature of that State, and so it will go over the country. The medical profession must fight such interference with their personal rights and in the interest of science and medical progress. The last accusation which can truthfully be made is, that the medical profession is careless about giving unnecessary pain. Its business is to save pain, and if the study of disease, its prevention and relief, thus saving human pain, causes some pain to some animals, does not the end justify the means?

There are a few suggestions I wish to make at this time and if the society considers them of sufficient importance, action can be taken upon them.

MEDICAL LEGISLATION.

The importance of and the necessity for a new medical law which will be reported to the Society by the Committee on Medical Legislation through its Chairman, than whom no one is more familiar with this subject nor more competent to make such a report. I only wish to ask your hearty co-operation and urge a campaign of education which is the only way to make the public realize present conditions and understand what the medical profession is really aiming at, not selfish interest but public protection and public good. Our present law is very faulty and cannot be or is not enforced. The apathy of the profession and

of the public is noticed by strangers and the non-enforcement of the law as it is, is the means of bringing to our doors a very undesirable class of charlatans, who fatten in our midst.

We may have laws enforced against other classes, but not against medical fakirs and pretenders. Unless the profession as a unit, backs such a measure and will work for its passage by the Legislature, those most interested in its defeat will combine as heretofore and succeed. This is a political year and much can be done by the individual members of this society by influencing and pledging the Legislative candidates before election to vote for the proposed revised medical bill.

POWERS OF BOARDS OF HEALTH.

The powers of Boards of Health of cities and towns should be increased by legislative enactment, and not as at present be merely figureheads with power of recommendation only and not of action. To be effective these boards should be more independent of local legislative bodies, composed of the best and most scientific medical men of the community, non-partisan, neither politicians nor their creatures, and appointed for fitness and experience only, and such appointment to be considered an honor. These boards should have the power to declare and abate nuisances where found, without reference to the legislative body, which is usually not well informed in sanitary matters. They should have money at their disposal for emergencies and for sanitary purposes and be held responsible for the proper expenditure of such a fund. Such powers should be conferred by a State law, general in its application, so that neither statutes, charters nor their technicalities could render the provisions of the said law inoperative.

EXPERT TESTIMONY.

As to expert testimony, the medical expert when called into Court should be paid in proportion to the value of his^e time, skill and ability, the same as other professional experts are. It is manifestly unjust that a medical man can be compelled to give up his knowledge, as any common witness without additional compensation. In Illinois a bill has been introduced into Legislature and will undoubtedly become a law, which California could well copy, which provides for the appointment by the Judge, of a Court Medical Adviser and fixes the compensation at not to exceed \$50.00 per day.

MEMBERSHIP IN STATE SOCIETY.

Some plan should be devised to increase the membership in the State Society, which should have the majority of the profession for its members. Two years ago Dr. Kenyon, then President of this society, offered some excellent suggestions and proposed a plan for increasing our membership, by either lessening our annual dues; by changing the provision requiring continuous membership in local societies as a *sine qua non* to membership in the State Society; or by the publication of a quarterly journal, instead of the annual transactions. No action was taken as I remember.

The State Medical Society should be the means of uniting the local societies and the whole profession and thereby make it possible to effect reforms by the cohesive power of union and concentrated strength. We can never accomplish what we wish and believe to be right and best for the public without union, and the best union is the State Medical Society, the recognized official body of this great State. The average physician, impressed by the dignity and humanitarianism of his calling, takes too little interest in public matters, but it is only by active political methods and working together as a solid body, that we can accomplish

our aims and ends. The three thousand men and women of the medical profession of this State can do *anything* if their cause is just, if they work together and have patience and staying powers.

UNIVERSAL STANDARD OF REQUIREMENTS THROUGHOUT THE UNITED STATES.

I believe there should be a uniform standard of requirements entitling a physician to be licensed to practice, throughout the whole United States, and that the general government rather than each State should regulate, supervise and conduct such examinations, as in Europe, as thorough and severe as those for the army and navy surgeons; that a diploma from a medical college should not be all that is necessary to legalize a practitioner.

I wish to take this opportunity to thank Dr. C. E. Farnum, of San Francisco, for his recent article on this subject, which should be read and carefully considered by all, and I think this society would do well to advocate such a plan as he has outlined and work for its adoption in this State. That only by examination by a Government Board could licenses be issued; foreigners and graduates from all classes of colleges would be put on the same basis and be obliged to pass examination before receiving certificates. This would have a tendency to prevent all quacks from flocking to the State with as low standard as now—one standard for all without regard to school or state.

We must come to this sooner or later and National governmental control can be so exercised as not to clash with State rights as in other matters of government. By such a plan only the best colleges could survive, education would be improved in every way; the examinations would be hard to pass, there would be fewer doctors and better ones, and the public benefitted proportionately.

REDUCTION OF MEDICAL EXAMINERS' FEES.

Under the head of new business I think it would be proper for this society to take some action upon the reduction of Medical Examiners Fees by two of the old line New York Life Insurance Companies. This policy if successful and followed by other companies will have a greater effect than simply to reduce fees for such work, and will have a tendency to cheapen the best professional work in the eyes of the public.

Few examinations in a physician's private practice require more time, care and thoroughness than is demanded by a first-class insurance company, so why should the examiner work at a reduced price, the requirements being the same? A society cannot prevent a member from working for half a former fee, but an expression of opinion from a large and influential State Society against such reduction will have more effect than that from county societies or individual members. It is an attempt to force the best professional work down to a second class level. If the medical examination is of so little importance, let the companies get along with second class work. If two companies succeed in this bluff and economy, others will follow. I believe our position will be better if we boldly and fearlessly declare our opposition and refuse to accept the reduced fees for the same work as heretofore.

In conclusion, my fellow members, allow me to thank you for the honor that you conferred upon me one year ago, by electing me to this, the highest office in the gift of the society, and thereby making it my duty to preside over this meeting. I have endeavored to conduct the work of the past year for the best interests of our society. It is with diffidence that I assume the duties of your presiding officer, following in the wake of so many distinguished gentlemen, your former presidents, and I therefore ask your indulgence and assistance.

If during the present meeting any ruling should seem arbitrary in limiting the

discussions, you will not attribute it to a lack of courtesy, but to a desire, as your presiding officer, to promptly carry out the program, and finish the large number of excellent papers in the time allotted for our meetings.

As the time is limited and there will be many distractions, I therefore beg of you to assemble promptly at the hours of opening of the sessions, and that each member will be on hand to read his or her paper at the time appointed. Only by so doing can our program be completed.

THE THEORY OF SERUM THERAPY.*

BY F. D. BULLARD, A.M., M.D., LOS ANGELES, CAL.
PROFESSOR OF CHEMISTRY, MEDICAL DEPARTMENT UNIVERSITY OF SOUTHERN CALIFORNIA.

The object of this short paper is to serve as a text for the discussion of serum therapy. This sketch is a very brief compilation from recent books and journals. I have freely used Sternberg's "Immunity and Serum Therapy," published by Wood; McFarland's "Pathogenic Bacteria" and Gould's "American Year Book of Medicine and Surgery," published by Saunders. The general consensus from writers in a large number of journals at my disposal seems to be strongly in favor of the antitoxin treatment of diphtheria; and, what is of greater weight, those who have had the best chance to scientifically observe its workings are more and more convinced of its efficacy. The venerable Virchow admits that he must yield to the brute force of the figures cited in favor of this method. My own experience in the treatment of diphtheria is limited, but so pronounced was the beneficial effect of the antitoxin, that I am strongly of the opinion that it is the only rational treatment of the disease.

As we understand nature aright, and follow her closely, we will here as elsewhere meet with success. So in answering the questions as to how immunity is produced and as to how a cure is accomplished, we are a long way on the road towards correct treatment. It has long been known that certain animals are immune to some diseases and susceptible to others, and what is more strange different species have different maladies. Algerian sheep, for instance, are immune to anthrax which is a very common trouble among other sheep; the Caucasian nearly always succumbs to yellow fever while the negro is rarely effected. This racial immunity is no doubt an acquired tolerance, which is the result of natural selection and inheritance. Age has a great deal to do with individual immunity, young animals as a rule being more susceptible than old ones. In man, differences in individual susceptibility to infectious diseases have often been manifested. Any individual or species which can not "take" a disease is said to be *immune* to that malady.

Immunity may be defined as that condition of the body by virtue of which it presents a constant resistance to disease. If that disease be of microbial origin, the immunity may be due to one of three things: (1) a prevention of the entrance of the germs into the body, (2) a stoppage of their activity after they have found lodgement, (3) an overcoming of the products elaborated by these microbes. That is, immunity can result either from a killing of the microbes, or a neutralization of their poisons. Immunity may be natural or acquired. It may be produced artificially in three ways: (1) by the individual undergoing an attack of a disease and attaining a recovery, *e. g.* one attack of the exanthemata, of typhoid fever or yellow fever usually renders the patient immune to a second

*Read before the Los Angeles County Medical Association, April 3, 1896.

attack; (2) by vaccination either simple or intensive as is the case in small pox and rabies; (3) by the injection of an antitoxic substance as in diphtheria. In either case there has evidently been a change in the fluids or tissues of the body of such a nature as to prevent a repetition of the disease.

There have been advanced in the last fifteen years five theories to explain immunity, all of them based on the now universally accepted germ theory, against which there is now no respectable voice. No one of the theories advanced accounts for all the phenomena, but the most of them contain enough truth to entitle them to careful consideration, and some of them give valuable hints as to treatment. They are in order of evolution; the exhaustion theory, the retention theory, the theory of phagocytosis, the humoral theory, and the theory of antitoxins.

The first was elaborated by Pasteur, in 1880, and is called the exhaustion theory. In brief, it holds that the micro-organism by its growth in the body uses up the pabulum essential to its life, and when the food is exhausted it dies, and the patient recovers. This explanation demands, as Sternberg points out, the existence in the body of a material for every disease, a small pox material, a diphtheritic material, etc.

About the same time Chauveau originated the retention theory, that the microbe by its growth originates some substances inimical to its future and further development. This contains a certain amount of truth, but it is now thought that the antitoxic substance is not the result of microbial activity. This theory is open to the same objection as Pasteur's—it would necessitate the addition of chemical products to the body every time the individual recovered from a disease.

Metchnikoff's theory of phagocytosis is very ingenious and is based on many undoubted facts. The battle between invading microbes and the defending corpuscles does actually take place. But that the phagocytes eat living bacteria and thus overcome them is not now held. Nevertheless the *role* of the leucocytes is very important.

Next it was discovered that the blood plasma had bactericidal properties and that the serum of different animals was destructive to different kinds of bacteria. It was discovered that the germicidal power depends on the presence of a defensive proteid—an alexin. Animals can be made immune to certain diseases by inoculating them with filtered cultures containing the toxin substances, for it is not the microbes but their products which produce the phenomena of disease. Just as fermentation or putrefaction is the result of bacterial activity, so are the various toxins the end products of microbial action and are manifested in the various symptoms of disease. Now these toxins act as stimulants on the body tissues and leucocytes so that they secrete defensive proteids or antitoxins. These antitoxins are soluble in the alkaline body fluids. Hence we have the antitoxin theory—that a new substance is formed in the blood which neutralizes the germ-produced poison. This present theory combines the truth of many others. There is a substance created, which, as Chauveau thought, is inimical to the further development of micro-organisms; that substance, however, is the result of tissue energy rather than bacterial activity. The leucocytes do play an important part in the destruction of bacteria and their products, they do it not by eating them up, but by killing them and neutralizing them by an antitoxic secretion. Hence the rush of leucocytes to meet the invading microbes as Metchnikoff describes.

Instead of swallowing the live microbes the leucocytes elaborate a counter poison to the toxin. They are stimulated to such a course not by the microbes but by

the microbial poison. Corpuscle fights microbe, not hand to hand, but they bombard each other with deadly poisons. Thus corpuscle poison neutralizes microbe poison and in some diseases kills the microbe itself. "The antitoxin annuls the poison, maintains the vitality of the organism as a whole and sustains the integrity of the tissues." It was thought then that if the antitoxin prepared outside of the body be injected into the body it would have a similar effect to what it would have if time was given for its elaboration in the body. Such seems to be the case. So long as the disease is merely a poisoning, so long as degenerative changes have not taken place in the nervous system, heart or kidneys, just so long the disease is directly amenable to antitoxin treatment; but, as soon as such irreparable changes have taken place, neutralization by antitoxins is of no avail; hence the necessity of early administration.

The antitoxin theory has given rise to the antitoxin treatment. Although it is a general method of medication, at the present time it is largely confined to one disease, diphtheria. Diphtheria is a specific, infectious, toxemic disease, primarily a local infection, whose bacillus elaborates a toxin which, on being absorbed, produces general symptoms of toxemia, and, if of sufficient amount and virulence, it causes death. By repeatedly inoculating a horse with diphtheria toxins in increasing doses from $\frac{1}{2}$ c. c. to 250 c. c. extending over several months' time, a serum can be developed having a protective strength of 1 to 100,000. This antitoxin is the result of the stimulation of the cells by large and frequent doses. In diphtheria the bacilli do not enter the circulation, and they are not destroyed by the antitoxin. The antitoxin does not directly relieve the obstruction of the larynx, it cannot cure parenchymatous nephritis, which is due to the deadly toxin elaborated by the Klebs-Loeffler bacillus, but it can and does neutralize that toxin, and hence prevents that disastrous complication. A correct understanding of the action of antitoxin will prevent disappointment in its use. No other medication can give so much promise, for no other can reach the fatal factor, the tox-albumin of diphtheria. But to prevent damage it must be used early.

Up to date the specificity of antitoxins has been firmly assumed. But here again come in some curious facts. For instance while the serum of a healthy horse does not prevent the action of cobra poison, that of a horse immunized against tetanus does; the reverse, however, is not true, animals immunized against snake poison are still susceptible to tetanus toxin. Roux believes that this action is due to influence on the body cells, rendering them for the time being less susceptible to that poison.

The following is a brief resume, taken from *Pediatrics*, of serum therapy up to date:

1. Tuberculosis, no very good results have been obtained.
2. Rabies, does not seem to have a great future. Pasteur's immunization by intensive vaccination gives greater success.
3. Pneumonia, deserves to be considered; the difficulty of obtaining serum from immunized rabbits probably prevents a more general adoption.
4. Enteric fever, no very good results as yet.
5. Typhus fever, good results reported in an epidemic in Algeria.
6. Cholera, Behring lately announced a cure.
7. Streptococcus infection, Marmoreck's serum gives very great promise; it has been used with good effect in puerperal fever, phlegmonous inflammations, post-operative infections, mixed infections which have not been influenced by the antitoxin of diphtheria.

8. Syphilis, serum from dogs and lambs has been employed sometimes with good result.
 9. Cancer, not sufficient data as yet.
 10. Tetanus, not conclusive results in treatment, but valuable as a prophylactic.
 11. Snake bites, Calmette's serum, reports good results in India.
 12. Diphtheria, shows remarkable efficacy.
- 701½ S. Broadway.

SELECTED.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

ELECTROLYSIS FOR THE SURGICAL TREATMENT OF STRICTURE.—(*N. Y. Med. Jour.*) Dr. J. A. Fort says, in a paper read before the New York Academy of Medicine, that it is a well-known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip, of which the handle contains a metallic wire projecting from the end, which connects with the flexible part. This instrument, being first introduced into the urethra, is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part, on the front of thigh or over the pubes; then the current is turned on.

The operation, which is almost painless, requires thirty seconds (on an average), with a current of a strength of at least ten milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation. Usually the wound resulting from electrolysis heals quickly without any local treatment whatever, and often the patient can attend to business immediately after the operation.* In nearly all cases I pass a sound the third day after the operation; also the day after. I instruct the patients to pass a sound, No. 22 or No. 23 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon cannot ascertain the degree of density of the tissue of a stricture. On the contrary, by means of electrolysis, which merely produces a molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of strictures—"soft and hard." Hard strictures are in the proportion of one against five soft ones. The time required to perform the operation varies with the density of the stricture. Some strictures are so hard that they cannot be successfully operated upon by electrolysis.

*When the wound does not heal I merely prescribe injections morning and evening with one part of hydrozone to twenty parts of water.

APPENDICITIS.—(*Med. Record.*) The question when to operate in appendicitis has always been a disputed one. Dr. Willy Meyer, of New York, says that in all cases of diffuse perforative appendicitis the operation must always be done at once. It is only exceptionally that patients recover without an operation. They have the best chance to recover if operated upon within the first twelve hours. In discussing acute appendicitis he says the patients should always be carefully watched. If the pulse goes above 116 to 120, and has a tendency to stay there, this is an indication for an operation. In cases of doubt the operation is better than waiting.

In cases of subacute or mild attacks of appendicitis, also after the first severe attack, from which the patient recovers without immediate operation, the appendix should be removed. When the appendix has once been inflamed it must be regarded as a diseased organ and one which is quite likely to give repeated, and more serious, even fatal trouble in the future.

PLASTER-OF-PARIS BANDAGE—TO REMOVE EASILY.—(*Albany Annals*) In *La Semaine Medicale*, Nov. 3, 1895, L. Gigue recommends a plan to facilitate the disagreeable task of removing a plaster-of-Paris bandage which is worth considering. After applying the usual layer of cotton around the limb, a layer of parchment paper previously moistened and wrung out is wrapped above this, and then a large-sized cord well rubbed with vaseline is placed upon this in the direction that one wishes to saw open the apparatus. Over this the plaster bandage is laid on. When, in the course of time, the dressing is to be removed, this cord, whose ends have been tied together, is loosened, and one end tied to a thin steel wire which has been nicked at close and regular intervals and the wire drawn through. Each end of this wire is attached to a handle, and with a backward and forward motion the plaster is at once sawed through, after which the dressing may be immediately laid off.

POTT'S FRACTURE TREATED BY EARLY STRAPPING.—The London letter of the *American Practitioner* recounts the case of a self-treated Pott's fracture in the person of a prominent London surgeon. Mr. Noble Smith, F.R.C.S., recently fell and received a Pott's fracture, the fragments being separated by more than an inch. He determined to try early strapping, early movement, and massage; this treatment was attended with the happiest result. Within half an hour of the accident the foot and ankle were strapped before any appreciable swelling had taken place, and the ordinary back splint, supporting the foot, leg and thigh, with side pieces, was applied, with no attempt to apply pressure, and was daily adjusted according to the tension. The strapping was discontinued on the seventh day. On the fourteenth day plaster of paris splints were put on. From the first very gentle movement of the ankle joint was submitted to. Avoiding disturbance of the fractured bones, massage was begun slightly during the first week and increased by degrees. On the twenty-first day Mr. Smith could bear the weight of the body on the injured leg. On the twenty-third day he walked with caution. On the thirty-second day he could flex and extend the foot nearly as well as the sound one, and on the thirty-fourth day he gave up crutches, using instead two sticks. On the forty-second day he walked two miles with sticks.

SURGICAL INTERVENTION IN PERICARDITIS.—(*Boston Med. & Surg. Jour.*) This is so rare as to render the case operated by Eiselsberg, and reported in the *Wiener klin. Woch.*, of special interest. The case was that of a boy of seventeen who developed a purulent pericarditis after a stab wound of the pericardium. Puncture of the pericardium having been performed several times without

relief, the surgeon decided upon incision. The cartilage of the fourth rib on the left was resected, and the thickened pericardium exposed. After exploratory puncture it was opened by a transverse incision four centimetres in length, and two litres of sero-purulent fluid were evacuated. The cavity was washed out with warm salicylated water, the borders of the pericardial incision stitched to those of the wound, and two drainage-tubes inserted. Complete recovery took place in four weeks. Examination of the exudate showed the presence of an organism resembling the colon bacillus, but it was of course impossible to say whether its presence was primary or the infection took place through the wound. The writer insists upon the importance of suturing the pericardium to the lips of the wound, the advantages of which procedure in preventing infection of the pleura are evident.

FAMILY TENDENCY TO APPENDICITIS.—(*Gazette Medical*, Paris.) Many families are known where several members have suffered from appendicitis, and the question is being discussed just now, whether this is due to a congenital malformation, or an arthritic tendency, or to a tendency to parenchymatous gastritis, which is known to be hereditary and Hayem's experience has been that it is an invariable accompaniment of appendicitis. Whatever the cause, a family diathesis of this kind is an indication for prompt intervention at the first symptom of appendicitis, and Faisan considers it sufficient to call for the removal of the appendix even in the mildest cases of trouble. Bouchard noted some time ago that victims of appendicitis were especially those who suffered from gastric troubles.

HOW TO STERILIZE COTTON.—(*Med. Press and Circular*.) A rather ingenious plan for sterilizing cotton is referred to in a French contemporary. A piece of cotton is taken, twisted on a stick or a piece of wood, and dipped into a saturated alcoholic solution of boracic acid for a moment or so. It is then withdrawn from the solution, and a light is applied to it, as the result of which the alcohol burns out, while the boracic acid prevents the cotton from burning. Five seconds are enough; as soon as the flame turns green it is extinguished. The cotton remains white, dry, warm, but absolutely sterilized.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
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PRESTON RETREAT NOTES.—(*Amer. Gynecol. & Obstet. Journal*, Feb., 1896.) Richard C. Norris, M.D. With a total of 1,865 consecutive deliveries in the Preston Retreat, Philadelphia, there were three deaths—a mortality of one-sixth of one per cent. One of these deaths was caused by chronic Bright's disease, one from mania and convulsions on the fourth day after labor and one on the third day after labor from eclampsia and apoplexia in a chronic kidney case.

Vaginal and perineal lacerations are always immediately repaired with silk-worm gut sutures and needles and needle holder sterilized by boiling.

Prompt *delivery of the placenta* after a single dose of ergot; a post partum sublimate douche (1 to 2000) and antiseptic occlusive pads are employed in every case.

At the first appearance of *soreness*, the *nipples* are kept scrupulously clean and are covered with a disk of waxed paper, upon which is spread a film of paste composed of equal parts of bismuth subnitrate and castor oil, with twenty grains

of boric acid to the ounce of paste, a glass nipple shield is used if nursing is very painful. *Caked breasts* are promptly relieved by massage combined with a cautious use of the breast pump. In massage the nurse *first* rapidly strokes the breast with the tips of the fingers; *second* uses deeper pressure with the finger tips over an inflamed nodule; *third* the flat of the hand is placed over the nodule and pressure against the chest wall is alternated with gentle rotary movements. These three movements are used in succession, each for a period of about five minutes, and the manipulations are repeated until the breast is soft and flaccid. The *fourth* step consists in grasping the breast at its base in both hands and steadily compressing it until the milk ceases to flow from the nipple. A gradual rise of temperature following a sore nipple which has refused to heal; a dull pain or aching in the breast rather than an exquisitely tender spot over an enlarged nodule; early redness and cedema of the skin at a portion of the breast corresponding to the situation of the fissured nipple; and sometimes slight enlargement and tenderness of the axillary glands point to involvement of the connective tissue and contra-indicate massage. In this class of cases rest for the gland is indicated, and secured by a Murphy binder which gives support, not compression, and under which is applied lead water and laudanum. Prompt measures are taken to heal the sore nipple. Forty-eight or seventy-two hours' rest will either cause resolution or the symptoms will be aggravated indicating the formation of pus which should be promptly evacuated.

Ophthalmia Neonatorum, the treatment employed was a ten-grain solution of silver nitrate carefully applied to the everted eyelids night and morning, while a free discharge of pus occurred; the use of atropine to secure dilation of the pupil when the cornea was much involved; hourly douches of boric acid solution; and iced compresses to reduce the swelling in the early stages.

CURETTAGE TECHNIQUE.—(Dr. Pryor in *American Gynecolog. and Obstetrical Journal* for January, 1896.) The endometrium is not a mucous membrane but is a lymphoid organ possessing no glands. For curettage, pack the vagina loosely, twenty-four hours before operation, with a moist bichloride dressing (1 to 5,000) to loosen the superficial vaginal epithelial layers. At the time of operation the vagina is scrubbed with lysol (1 per cent.), and a silver brush. All instruments are boiled in soda solution with the nail scrubs. The towels, sheets, plain gauzes, irrigator and basins are steam sterilized. For irrigation use either one per cent. salt solution or saturated boric acid solution. Never use antiseptics.

The blunt bullet forceps grasp the cervix and pull it down. If the cervix be soft or lacerated, dilate only but get a dilatation of at least half an inch in the non-pregnant uterus. Incise with impunity if the dilators will not do the work. Curette next, using as large an instrument as can be introduced, and with a smaller one scrape out the tubal openings and angles. To wash out the *debris* use as large a double catheter as can be introduced. The uterus is now packed full of iodoform gauze. The vagina is snugly packed with iodoform gauze. Remove all dressings in from four to eight days.

PREVENTION OF SEPSIS AFTER LABOR OR ABORTION.—(*Medical Record*, Sept. 21, 1895.) Wylie states, that on or before the first indications of labor begin the patient is given a complete bath if there is time, or, at any rate, the vulva and vagina are well scrubbed and washed with tincture of green in place of ordinary soap, and the parts washed off with a 1 to 3000 solution of hydrarg. bichloride. The nurse must have on a clean wash dress, and the author puts on a surgical gown; his hands and the nurse's are always washed with tinct-

ure of green soap and dipped in a solution of bichloride each time before examining the patient. During and after labor a solution of bichloride (1 to 3000 or 4000) is used to wash off the vulva. If there is time the bowels are well moved by castor oil, and always the rectum emptied by enemata; all instruments used have been sterilized by boiling, and put in a solution of 1 to 40 carbolic acid before being used. Any hemorrhage is checked by emptying the uterus of placenta or clots, and, if necessary, by ligation of the circular artery when the cervix is torn or by sewing up the perineum when torn. Any tearing of consequence to the perineum is sewed up. After labor, except in cases complicated by severe hemorrhage or lacerations requiring sewing, the patient is made to sit up to pass water or have the bowels move.

For a full week the antiseptic napkins or absorbent pads are kept over the vulva, and changed every few hours as required by the discharge, and after each time the bowels move or the patient passes water the vulva is washed off by means of a Davidson syringe and a solution of 1 to 3000 of bichloride of mercury. This is kept up faithfully for seven days after labor. On the sixth day or seventh day the patient sits up out of bed. On the tenth day the patient is carefully examined as to the condition of the parts, the character of discharge, and position and condition of the uterus, and to decide if any local treatment is needed to insure normal involution and prevention of subinvolution of the uterus, relaxation of the ligaments, and displacements of the uterus. No vaginal douches are given after labor unless instruments have been used to deliver, or hands have been introduced into the uterus, or there is a rise of temperature, or an odor to the discharge.

INCISION OF CERVIX DURING LABOR.—(*Archiv. für Gynakologie.*) Dürssen recommends incision of the cervix in delayed labor, claiming that by this means perforation of the head of the living infant may be obviated in a number of cases, as well as dangerous operations upon the mother, and also, that the lives of many children may be saved by preventing the dyspnea resulting from the long delay of the cervix. He has practiced this method in twenty-seven cases in which perforation would otherwise have been performed; delivery was completed by forceps in twenty-four cases, in three cases by version; one mother was lost by death, and one child.

The method, of course, should be practiced with antiseptic precautions. Divisions of the perineum is practiced for the purpose of obviating the necessity of violent traction, the frequent cause of death of the child, and of injury to the soft parts of the mother. These incisions are of especial value in cases of primipara of advanced age. The method is, of course, not applicable to cases of deformity of the pelvis, or of abnormal development of the fetus. There should be four incisions of the cervix, one in front, one behind, and one on each side, and they should extend to the vaginal junction. It is not necessary to suture the cervical incision after accouchement. But one perineal incision should be made, and this should be a deep, lateral incision.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

ACUTE RETRO-PHARYNGEAL ABSCESS IN INFANCY AND CHILDHOOD.—(*N. Y. M. J.*, April 4.) Koplik claims that an acute idiopathic retro-

pharyngeal abscess is an impossibility. From a study of 77 cases he advises for treatment a cut from above downward inclining to the median line in most cases. Rarely cut from the external part of the neck. As soon as cut is made turn child forward, face down, use gentle pressure at side of neck. Recovery always resulted.

SALICYLIC ACID, SOMETIMES AN IRRITANT TO THE AIR PASSAGES.—(*Wien. Med. Woch.*) Ebstein reports a case where salicylic acid irritated all the mucous membrane of the air tract. The trouble only stopped when the acid was stopped. He had used the acid for years.

CONSERVATISM IN INJURIES TO THE EYE BALL.—(*Wills E. Hospt. Rept.*) Curry relates the history of eleven cases of injury to the eye ball. In only two was the ball removed, yet under the old mode of treatment a number would have been enucleated. He argues for time in dealing with eye injuries, and thinks much can be accomplished by rest in bed, atropine and antiseptic compresses.

OCULAR ACCIDENT TO A BICYCLIST.—(*Annal de Oc.*) A bicyclist after 25 hours run in cold weather noticed a blurring of the sight after the eighteenth hour. There was a diffuse infiltration of both corneae which closed up under the use of warm applications.

DIPHTherITIC CONJUNCTIVITIS TREATED BY ANTITOXIN.—(*Arch. Oph., Jan.*) There are reported several cases of diphtheria of the conjunctiva with ulceration of the cornea treated by antitoxin with good results.

MASTOID EMPYEMA, PREVENTION.—(*Med. News*, Aug., '96.) Burnett thinks that mastoid disease is largely the result of unskillful treatment on the part of the physician. If dry heat gives no relief to pain then the only proper thing to do in acute otitis is to incise the membrane. Then drain the canal antiseptically by means of antiseptic gauze.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

THE INFLUENCE OF HEAT APPLIED OVER THE STOMACH UPON DIGESTION.—(*Mod. Med.*) A Russian physician, (*W'ratch*, Oct., 1895.) has, by experiments upon six healthy persons, definitely determined the following facts respecting the influence of fomentations over the region of the stomach. The general result was to increase digestive activity. The total acidity and the quantity of free hydrochloric acid were increased; the amount of combined chlorin was diminished. Fermentation was diminished, while the production of peptone was increased, as was also the digestive activity of the gastric juice, together with the motor functions of the stomach.

The increased activity of digestion induced by the application of heat was found to persist for several hours, and in some instances for several days. Practical experience long ago demonstrated the utility of the application of heat over the stomach as a means of increasing digestive activity. The writer has made use of this valuable information for more than twenty years, and with excellent success in a great number of cases.

CONTROL OF HEMORRHAGE IN BLEEDERS.—(*Edit. in Therap. Gazette.*) There are two methods which rest upon a rational basis and have a certain amount of practical experience to endorse them. One of these is, covering the involved surface with lint which has been wrung out of a strong solution of

alum, or where the bleeding is from an extremity, to immerse the part in a saturated solution of this drug.

The second and perhaps more promising method is the internal use of calcium chloride for its influence upon coagulation of the blood, as has been chiefly recommended by Wright, of England, who has proved that this substance increases the coagulability of blood, not only in animals, but also in man. Thus, he has stopped bleeding and increased the coagulability of blood in his own case and in that of a medical friend, and he has reported several cases of hemophilia in which good results followed the use of it, even where the condition was hereditary.

THE ABSORPTIVE POWER OF THE LARGE INTESTINE.—(*N. Y. Med. Jour.*) By Joseph Clements, M.D., Kansas City, Mo. The very interesting case of Dr. John P. McNeill, of Australia, cited in the *Journal* of February 1st, of the use of a copious injection of a warm saline solution, voluminously filling the colon of a patient who was in a moribund condition from hæmorrhage after abortion, is one of more than passing interest, and is deserving of the thoughtful attention of the profession. Dr. McNeill is certainly correct in thinking that the "absorptive capacity of the large intestine has not been sufficiently recognized."

The use of a tube long enough to reach into the sigmoid flexure may be an advantage, but is not at all necessary. The enema, given dorsal decubitus, will surely find its way the entire length of the colon, as the writer has many times verified, using an ordinary fountain syringe.

Ten years ago an article appeared in a London medical journal, giving a record of the use of this power of absorption of the colon in conveying medicaments to the kidneys in acute inflammatory attacks. The writer has used this again and again with success. The colon is cleansed by copious enemata of water, after which about a quart of medicated solution is injected through the rectum, the anus is padded, the hips are raised on a pillow, and the patient is directed to aid the sphincter, by force of will, to retain the fluid. Not a drop escapes per anum, but instead, within an hour the bladder is evacuated in the usual way, and this repeated shortly afterward, affording speedy relief from pain and amelioration of the symptoms of the inflammatory attack. And is there not here opened up to us a large field of investigation, giving great promise of useful results?

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

CURE OF A CASE OF TETANY AFTER TREATMENT WITH THYROID EXTRACT.—(*Therapeutic Gazette.*) Both myxedema and tetany are sometimes observed to follow extirpation of the thyroid. Nevertheless, the greater number of cases of tetany show no corresponding thyroid lesion. The nature of this form of spasm is so obscure, and the remedies employed against it accomplish so little, that it seems justifiable to follow any indication which points to a new way of help. This is the reasoning of Dr. Max Levy-Dorn, in the *Therapeutische Monatshefte*, February, 1896.

Gottstein was the first one to try the treatment for myxedema in tetany. The patient had had the disease already twenty years, and the thyroid was deficient. Symptoms of myxedema were wanting, however; the bloodcells, instead of being swollen, were strikingly small and shriveled. Twice a healthy thyroid gland was

implanted in the belly cavity, but the efforts failed, although transient improvement occurred as the result of absorption of the gland. Then thyroïdin was administered. The number and violence of the attacks diminished markedly, long absent sleep at night returned, and the woman increased so much in strength and quiet that she could resume her housekeeping. Also she lost Trousseau's and Chvostek's phenomenon, namely, the possibility by pressure in the neighborhood of nerve-trunks of exciting an attack, as well as the increase of the mechanical excitability. A complete cure, however, did not result up to the time of publication, which was after four and a half months' treatment.

Levi-Dorn, however, says he has treated one of Professor Oppenheim's patients with thyroïdin and obtained a lasting cure. The case is especially interesting because not only were all symptoms of myxedema absent, but the thyroid gland appeared to be perfectly healthy.

The patient was a tailoress, twenty-one years old. Three years before she came under observation she had sought to relieve herself of sweating fingers by cold hand-baths. Since then she has had at times spasms in both hands—the fingers would become so tightly clenched that they could not be loosened by the free hand; after a few days the hands would recover their natural flexibility.

July 7, 1894, the spasms occurred in connection with the premature birth of a boy. The child died at 6½ months, of convulsions. The spasms had the old form, continuing only a few days, always limited to the upper extremities. Then there set in frequently a feeling of itching in all the limbs. The patient experienced great weariness, drowsiness, increasing heat, and anxiety. The weariness was greatest on rising in the morning. A tendency to profuse perspiration was of long standing. The disturbances increased.

The patient's father had worked for twenty-five years in metals, especially lead and mercury, but showed no sign of poisoning. The mother died of tuberculosis of the lungs. Five brothers and sisters died at an early age, from scrofula or weakness, or both (four of them were twins). As to the patient herself, she presented all the symptoms which belong to tetany. Pressure on the internal bicipital sulcus caused paresthesiæ in the affected arm, followed by the typical position. The fingers were held in position for holding a pen, or clasped into a fist with the thumbs turned in. The mechanical excitability of the nerves was much increased. [The author here continues to give a detailed account of the symptomatology, with the reactions to electric currents, which leave no doubt of the case being one of tetany.] The disease seems to have been started by the chilling of the hands and to have been aggravated by the premature labor. No association with any infectious disease or poisoning or stomach disease could be established, nor could any disease of the thyroid be discovered.

Tablets of thyroïdin were now given, one tablet daily, and rapid improvement followed after three days. The spasms ceased after the sixth dose, to return temporarily fourteen days later, after menstruation. Apart from this the patient has remained completely cured of her tetany. Her general condition has decidedly improved, so that she can work again. Altogether not more than seventeen tablets were taken. Health has persisted four and a half months without medication. Each tablet contained three-fifths of a grain of thyroïdin.

ON THE USE OF THYROID EXTRACTS IN MENTAL DISEASE, WITH REPORT OF CASES.—(*Therapeutic Gazette*.) In the *New York State Hospitals Bulletin* for January, 1896, Babcock records the results reached by him in the St. Lawrence State Hospital for the Insane. The experiments with thyroïd were taken up with three main objects in view: first, to definitely ascertain its

physiological action; second, to determine thereby in just what classes of cases it might best be used to promote recovery; third, to apply it therapeutically.

Extracts made from the thyroid gland have a definite physiological action; an unvarying strength of any given amount can be obtained by proper preparation; and the true thyroid preparations have no relationship with the so-called animal extracts which have achieved so much unfavorable notoriety of late.

The preparation used in the hospital was the desiccated thyroid extract (Parke, Davis & Co.), ten grains of which equal an average fresh gland of the sheep, one grain equaling $6\frac{1}{4}$ grains of fresh gland. The preparation when freshly made was found to be of uniform strength, fairly agreeable to take, and free from disagreeable effects in moderate doses.

The dosage and method of administration varied according to the personal idiosyncrasies of the patient. In most cases five grains was the initial dose and was given in capsules. The action of this dose was closely watched for a few days; then it was gradually increased, unless the symptoms contra-indicated its further use. With the exception of two cases, little or no reaction was obtained from five grains, and the dose was increased to ten grains. Nearly all cases reacted more or less quickly to this dose, and in many the physiological limit seemed to be attained. In a smaller number of cases the reaction to ten grains was milder, and fifteen grains were soon given. This seemed to be the maximum dose that could be given with safety for any length of time, and then only to patients whose physical health was impaired only slightly if at all. A few of the patients, notably cases of melancholia with delusions of persecution, refused to take the extract either in capsule or powder; it was then disguised by mixing it with some regular article of diet, and regularity of administration was thus obtained.

The results of treatment in the thirteen cases are, briefly, as follows: Two recovered—a case each of melancholia and mania; seven improved, of whom two will probably recover—five cases of melancholia and two of mania; four cases underwent no change—two cases each of mania and melancholia, all of whom were undoubtedly demented, to some extent, when treatment was inaugurated.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

March 20, 1896.

The Vice President, Dr. E. A. Praeger called the meeting to order.

There was no stated paper for the evening. Under "Verbal Communications," Dr. Walter Lindley reported a case of nutmeg poisoning. Was recently called to a woman who had taken in the afternoon two grated nutmegs in hot water hoping to produce an abortion. In a few hours the ordinary symptoms of intoxication developed, but passed away by the next morning. There was no abortifacient effect. The U. S. Dispensatory mentions one case, but as the nutmegs were taken in whiskey, the intoxication was attributed to the latter. This case was reported to show symptoms from nutmeg alone.

Dr. Sherwood Dunn reported a unique case operated upon in Paris. The diagnosis was obscure; woman had had one child. On operation the tumor supposed to be present proved to be a full-term placenta adherent to tissues outside the uterine cavity; its presence could not be explained. The patient died the day after the operation.

Dr. W. W. Hitchcock reported a case of paralysis; boy, aged thirteen, retired

in usual health, woke up in the night with severe pain in the left arm, which, the next morning, was completely paralyzed from shoulder to fingers—no reaction to either galvanism or faradism. Treated with galvanism every day, then every other day; by the end of second week began to feel; he then had paralytic stroke of left leg, unable to rise for *one day*, but regained perfect motion in two days. Recovery in arm was complete in five weeks. There was no hysterical history.

April 3, 1896.

Meeting called to order by the President, Dr. H. G. Brainerd.

Dr. F. D. Bullard read a paper on the theory of serum therapy (page 130.)

Dr. Davisson, in opening the discussion, said: "I have been dealing with the fact rather than the theory of serum treatment. The theories are various and hard to understand; it is sufficient to know that it is a fact. It may be interesting to know what has been done in the State. Antitoxin has been placed at the disposal of the profession *gratis*, so none need suffer on account of its expense. After all this had been done few physicians had enough interest to send in reports for statistics. It seems, from reports rendered, to have been used more in Los Angeles and vicinity than in all the rest of the State. We have reports of from 200 to 300 cases. It may be administered from the twenty-fourth hour to the tenth or twelfth day of the disease. Many physicians think one dose is sufficient—four, five or six doses may be required and then have a good result. One case was reported where dose was given on fourth day with improvement, but the patient died on the eighth day; (another dose should have been given.) I think it is frequently used in follicular tonsillitis as when membrane disappears and patient is well in a day or two; in all cases of diphtheria, disease runs on for from three or four to ten days. There have been no well-authenticated cases of ill results, although urticaria or a rash may develop within a week or there may be some local reaction. Prejudice against antitoxin is giving away—it is used by all schools of medicine."

Dr. Lasher: Theories were advanced before they knew practical results of serum therapy; would like to know if Pasteur advanced any later theory.

When in New York, I interviewed Drs. Prudden and Biggs as to whether it was not too good to be true, but they thought it had come to stay. At the Willard Parker Hospital, Dr. Winters says the treatment does no good, that the children die in a mysterious manner. I asked the house surgeon if mortality had been diminished, and after some hesitation, he said that it had, especially in laryngeal cases. I have treated two cases of diphtheritic croup with serum with recovery in which I would have had no hope under old methods. Experiments on mice have shown that they will be protected from tetanus if injected with serum seventy-five hours before or five hours after infection; it is the same in treatment of diphtheria, three days is about the limit. If you want to be successful, you must begin in time. I am not always certain of diagnosis in bad cases of follicular tonsillitis.

Dr. Knopf: Pasteur was unable to do any active work during the last few years of his life on account of ill health and advanced no new theories. Prof. Welch says antitoxin is most strikingly beneficial in progressive, fibrinous diphtheria, and especially in the prevention and cure of the laryngeal form; but in septic cases it is of little avail; i. e., where there is an association of microbes, the streptococci and staphylococci added to the bacillus *Loeffleri*. I have known of several cases of ill effects from the injection of antitoxin, but the death rate is certainly no greater than from anesthesia by chloroform or ether, and we would

not think of giving up these agents. It is exceedingly difficult to explain the favorable action of antitoxin. Prof. Bouchard, of Paris, in some of his recent lectures, expressed the idea that the antitoxin serum incites the various systems, and especially the nervous system, to defense. Another has observed as a result of injection the production of a local lesion, acting as a barrier of defense and consisting mainly in the accumulation of mobile, phagocytic cells and bactericidal plasmodic substances. Charrin and Gley, pupils of Bouchard, continued these researches and proved that the serum taken from immunized animals has the power of preventing the phenomenon of vaso-constriction which follows whenever toxin substances, as for example, pathogenic microbes, penetrate the nervous system.

Dr. Utley: When in the East recently, I visited Dr. Biggs and saw the process of preparation of serum. He assured me the serum was stronger than that elsewhere (4,000 units), allowing a smaller dose and giving better results, the pain being less, action more prompt and no skin eruptions. The serum was superior to that received from France or Germany. Dr. Biggs says different horses produce different grades of serum; he also says Dr. Winters' reports were more or less due to jealousy and that he was strongly prejudiced against the serum.

Dr. Wills: I saw the statement that Lennox Browne takes the same ground as Dr. Winters—does not think any conclusions can be drawn from statistics before its use and since, says there has been too much enthusiasm. Personally, I have been pleased with results.

Dr. Cole: I am a strong believer in the theory—there is a little fact in infectious diseases which strengthens my belief. One attack renders an individual immune; one of two things has taken place, either some substance has been taken from the blood on which it thrived, or some substance has been put into the blood which prevents its development. It is perfectly reasonable that some substance should be developed artificially to produce this immunization. Out of twenty cases of tuberculosis treated with Paquin's serum, five need not have expected improvement, but three of these did improve. People are prone to take up new treatment and also to drop it. This may be dropped from use, but the principle is right.

Dr. Dunn: A man must be self-sufficient to oppose himself to the combined opinion of the world. I do not know Dr. Winters, but know that Lennox Browne possesses this quality to a marked degree. Mr. Marmoreck has been engaged for four years in developing a serum against the streptococcus. I saw two experiments in treatment carried out—one with pyosalpinx, the other a hysterectomy for perimetritis with pus cavities. In one case, the pulse was 155 almost indiscernible, temperature 105½ degrees—death a foregone conclusion. Two and one-half grams antitoxin were injected and in four hours temperature fell three degrees, and pulse decreased thirty beats. Injection was given every four hours; after the second injection, temperature fell another degree and the pulse to 105—the patient got well. The same treatment saved the life of the other patient. Think these experiments have a great future. The statistics of Prof. Roux are based upon cases *in extremis*, charity cases and not private patients; a reduction, therefore, in city mortality of thirty-five per cent. is strong testimony. Do not think we are advanced beyond those countries in preparation of serum, for they have better facilities for work.

Dr. Davison: I do not wish to be misunderstood in saying the antitoxin is harmless. When you consider the size of the dose [two drachms], its perishability, etc., it is not strange that mishaps occur. The serum should be injected into cellular tissue. With reference to concentration of serum, New York has

done the proper thing. My preference is for the American product. Americans are in advance in method of putting it up. All complaints have come from foreign preparations.

Dr. Knopf quoted from an article written by him in November, 1894, for the PRACTITIONER on The New Behring-Roux Treatment of Diphtheria in Paris, "Dr. Martin paid a glowing tribute to the rapid American way of cultivating the bacillus Klebs-Loeffleri, and our system of reporting contagious diseases," as an evidence that our efficiency in this respect was recognized abroad.

Dr. Bullard: The use of antitoxin has almost done away with tracheotomy and intubation. The most essential thing is to use serum early, before degeneration has taken place.

Under "Verbal Communications," Dr. Praeger showed an interesting specimen consisting of an appendix with gangrene of the cecum. Patient was taken sick Monday night, rapidly grew worse, showed symptoms of an abscess; operated in 48 hours and found cecum gangrenous—removed it and united ends with Murphy button.

Dr. Lasher asked if it was the first attack; thought it criminal not to operate during interval in recurrent attacks of appendicitis. Dr. Praeger stated that it was the first attack.

The following members were received: Drs. C. E. Winslow, W. B. Bullard, B. Sherwood Dunn and J. H. Bullard, of Los Angeles, and N. H. Hamilton, of Santa Monica.

ROSE T. BULLARD, Secretary.

SAN JOAQUIN VALLEY MEDICAL SOCIETY.

FRESNO, CAL., March 23, 1896.

Meeting called to order by Dr. A. J. Pedlar, of Fresno, Chairman of the Committee of Arrangements, appointed by the Fresno County Medical Society. After an address of welcome by Dr. Pedlar a temporary organization was effected, with Dr. L. E. Felton, of Hanford, as temporary chairman, and Dr. C. A. Rogers, of Bakersfield, as secretary.

A committee of five on permanent organization was appointed as follows: Dr. G. A. Hare, of Fresno; Dr. W. T. Maupin, of Fresno; Dr. J. B. Rosson, of Tulare; Dr. W. N. Sherman, of Merced, and Dr. C. A. Rogers, of Bakersfield.

Motion carried that the following be adopted:

We, the undersigned, agree to, and become members of The San Joaquin Valley Medical Society, and will abide by its Constitution and By Laws when they are adopted by this society. Committee on permanent organization reported as follows:

That the officers of this society shall be a President, three Vice Presidents, a Secretary, an Assistant Secretary and a Treasurer. The appointment of a Board of Censors by the President, consisting of one member from each of the six counties represented. It is further recommended that the present temporary Chairman and Secretary be made permanent President and Secretary of this society.

The report was adopted, and after balloting, the following officers elected: President, Dr. L. E. Felton, Hanford; First Vice President, Dr. W. N. Sherman, Merced; Second Vice President, Dr. T. E. Taggart, Bakersfield; Third Vice President, Dr. W. R. Charles, Lemoore; Secretary, Dr. C. A. Rogers, Bakersfield; Assistant Secretary, Dr. E. C. Dunn, Fresno; Treasurer, Dr. W. T. Maupin, Fresno.

Moved and carried that a list of the names of the physicians present be made, and the same be referred to the Board of Censors when appointed.

The following were appointed by the President to constitute the Board of Censors: Dr. R. A. Furguson, Kern county; Dr. J. B. Rosson, Tulare county; Dr. J. A. Moore, Kings county; Dr. A. J. Pedlar, Fresno county; Dr. F. R. Brown, Madera county; Dr. W. N. Sherman, Merced county.

Committee on By Laws appointed as follows: Dr. W. F. Maupin, Fresno; Dr. W. H. Miller, Hanford; Dr. C. Rowell, Fresno.

Dr. Pedlar moved that in view of the fact that certain insurance companies proposed to grade, and in this way reduce the prices paid for insurance examinations without lessening the amount of work and responsibility of the examiner, that we adopt the resolution passed by the Sacramento Society for Medical Improvement, namely:

That the medical profession recognizes the action of the New York Life Insurance Company and the Equitable Life Assurance Society of New York, as grossly unjust and in no way based on reason.

Be it further resolved that we refuse to accept such reduction in fees; and every member of this society hereby refuses to make examinations for any of the so-called old line insurance companies for less fee than five (\$5) dollars. Motion carried.

Dr. Maupin moved that the name of this society be the San Joaquin Valley Medical Society. Carried.

Papers were read and discussed as follows:

1. Peritonitis, Dr. J. B. Rosson, Tulare.
2. Thoughts on Anesthesia, Dr. E. C. Dunn, Fresno.
3. The Bacillus of Tuberculosis, Method of Examination, Dr. W. N. Sherman, Merced.
4. Malaria, Its Treatment and Some of Its Complications, T. E. Taggart, M.D., Bakersfield.
5. Pyrexia and Its Control, Dr. Geo. H. Aiken, Fresno.
6. Formal in Purulent Ophthalmia, Dr. C. J. Miner, Fresno.
7. Antitoxin, in Treatment of Diphtheria, Dr. W. H. Miller, Hanford.
8. Movement in Therapeutic Surgery, Dr. C. A. Rogers, Bakersfield.
9. The Roentgen Ray in Medicine and Surgery, Dr. W. N. Sherman, Merced.
10. Some Thoughts on Diseases of the Rectum, Dr. J. A. Moore, Hanford.
11. Electrical Measurements in Medicine, Dr. L. E. Felton, Hanford.

The Board of Censors reporting favorably, thirty-seven members were received.

The meeting then adjourned to meet in Fresno, on the second Tuesday in October, 1896.

After adjournment, the physicians repaired to the banquet hall, where the Fresno County Medical Society had caused to be spread a most elegant repast.

C. A. ROGERS, M.D., Secretary.

POMONA VALLEY MEDICAL SOCIETY.

The Pomona Valley Medical Society met in Pomona in regular session at 3 P. M., March 26th, with a goodly number present and Dr. Coates in the chair.

Dr. T. Hardy Smith favored the society with a most interesting paper, touching all that was of practical importance on the subject of diphtheria, concluding with clinical reports of two recent cases of a most malignant form.

The discussion was confined almost exclusively to causation and therapeutics. Dr. Crawford said that in his State, Illinois, they had a great deal of diphtheria, and that in looking for the origin he always looked to the water supply or to the

cellars, where, in winter time, on account of the cold, all kinds of vegetables were kept, and always found the cause from one or the other of these sources.

Dr. Brown said that he had seen severe cases high up in the mountain canyons and was at a loss for a cause, unless water contamination from some dead animal or other substance, or possibly from the lack of sufficient sunshine in those deep mountain gorges, where the sun is not seen but for three or four hours daily. It was generally conceded that the disease was less frequent and milder in form on this coast than in the East.

Discussion of the treatment developed nothing new. Those who had had the most experience with antitoxin had great faith in its efficiency if used early in the disease.

In regard to local treatment, Dr. Crawford said, if he were forced to confine himself to one single local remedy, he would choose acetic acid above them all. His long experience and success with the remedy, had forced him to this firm conclusion. He uses it freely by *irrigating the entire affected region thoroughly* in the strength of one part to two or three parts of water.

Dr. Smith presented a beautiful pathological specimen, a section of the femoral artery, which showed a punctured wound dividing about three-fourths the calibre of the artery, cutting clear out on one side. It was said the man bled to death in less than a minute after receiving the stab. The sense of the society, as shown by a vote of those present, was, that all were opposed to the reduction of fees for life insurance examinations, but no action was taken in the matter. Dr. D. L. Beckingsale was selected to present a subject for discussion at the next meeting, April 30th.

V. A. HOWETH, M.D., Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

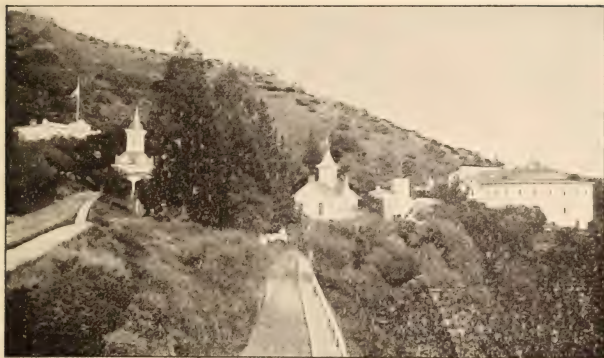
At a meeting of the Board of Examiners of the Medical Society of the State of California, held March 3, 1896, the following were granted certificates to practice medicine in this State.

BALLARD, W. HARRISON, 4290, Los Angeles, Coll. Phys. & Surg., Ill., Mar. 25, 1890.
CRANDALL, ALICE HUFF, 4291, San Diego, Omaha Med. Coll., Neb., Mar. 21, 1884 Woman's Hosp. Med. Coll., Ill., Apr. 5, 1887.
LILLEY, FRED E., 4292, Findley's Lake, N. Y., Coll. Phys. & Surg., Baltimore, Md., Mar. 18, 1890.
LUND, GEORGE E., 4293, Los Angeles, Rush Med. Coll., Ill., Feb. 21, 1882.
MATZKE, EDITH V. HEDGES, 4294, Palo Alto, Woman's Med. Coll., Pa., May 8, 1895.
WINTERBERG, WALTER H., 4295, San Francisco, Cooper Med. Coll., Cal., Dec. 5, 1895.
WOOD, JAMES B., 4296, San Francisco, Western Pennsylvania Med. Coll., Pa., Mar. 24, 1892.

At a meeting of the Board of Examiners of the Medical Society, State of California, held April 7th, 1896, the following were granted certificates:

BROWN, OSCAR S., 4297, Wildomar, Starling Med. Co'l., Ohio, Mar. 4, 1886.
CAMPBELL, WM. H., 4298, San Francisco, Gross Med. Coll., Colo., Apr. 8, 1890.
DOUGLASS, J. F., 4299, San Francisco, Bellevue Hosp. Med. Coll., N. Y., Mar. 14, 1887.
EATON, FRANK E., 4300, Portland, Or., Med. Coll. Pacific, Cal., Nov., 1875.
FISHER, JOHN C., 4301, Lytton Springs, Long Island Coll. Hosp., N. Y., June 22, 1876.
HARTLEY, J. F., 4302, Antioch, Miami Med. Coll., Ohio, Mar. 9, 1882.
IVES, FRAUTHIE B., 4303, Pasadena, Rush Med. Coll., Ill., Feb. 7, 1880.
JOHNSTONE, E. R., 4304, San Francisco, Coll. Phys. & Surg., Keokuk, Ia., Mar. 8, 1892.
JOYCE, HERBERT W., 4305, San Francisco, Lic. Soc. Apothecaries, England, Mar. 13, 1893.
KERGAN, HENRY S., 4306, Oakland, Mich. Coll. Med. & Surg., Mich., Mar. 20, 1894.
KING, JOS. M., 4307, San Fernando, Coll. Med. Univ. Southern Cal., June 4, 1895.
KISTLER, SAMUEL L., 4308, Columbus, O., Starting Med. Coll., Ohio Feb. 23, 1882.
LEE, NORMAN L., 4309, Junction City, Or., Med. Dep. Willamette Univ., Or., Mar. 4, 1871.
MATHEWSON, EUGENE, 4310, Boston, Gross Med. Coll., Colo., Apr. 12, 1891.
MCLEAN, A. D., 4311, San Francisco, Hosp. Coll. of Med., Ky., June 18, 1895.
NATHAN, P. WM., 4312, San Francisco, Med. Dept. Univ. City N. Y., Apr. 7, 1893.
OSMUN, W. F. H., 4313, San Francisco, Jefferson Med. Coll., Pa., Apr. 3, 1889.
SILBERSTEIN, JULIUS, 4314, Fort Apache, A. T., St. Louis Coll. Phys. & Surg., Mr., Mar. 10, 1891.
STARK, MARY E., 4315, Los Angeles, Woman's Med. Coll. N. Y. Infirmary, May 27, 1888.
THOMPSON, FRED, 4316, Sierra City, Harvard Med. Coll., Mass., June 27, 1888.

CHAS. C. WADSWORTH, Secretary, 518 Sutter Street, San Francisco.



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EDITORIAL.

THE STATE SOCIETY.

The recent session of the State Society in this city was in all respects a success. The meetings were well attended in spite of the Fiesta side show. The debates were of a good character, and the meetings began and closed on time. President Wills kept the members strictly to business. The presidential address appears in this number, the various recommendations were endorsed by the executive committee and adopted by the society. The executive committee favored two propositions not included in the president's address, namely an official stenographer, and a resolution against contract lodge practice. It also endorsed California productions. The committee on medical law made some very excellent suggestions, which it is hoped may be carried out. There were some 30 new members, and 15 renewals secured. As these renewals means the expense of \$15 a piece, so large a number is quite a surprise. Our state is so large that it is quite a hardship to travel 500 miles to attend a medical meeting, consequently a considerable number of lapses occur.

Only about one in eight of the regular physicians belong to the State Society. Some means ought to be devised to remedy this failing. Possibly the reduction of the dues might accomplish this, as it is quite a tax on the young man to pay out seven dollars to join a society, which, if he lives in Los Angeles, he will see only once in six years unless he spends five times as much in making a 500-mile trip, and he must annually put up another five dollars. It is desirable to have in the state organization a large powerful body, one that can make its influence felt in moulding legislation, hence we think some means should be devised whereby all the members of county societies may be induced to belong also to the state association.

The prize of \$100, offered annually by the society, was awarded to C. Max Richter, M.D., of San Francisco. His subject was, "Climatology of California."

The following officers were elected: President, Dr. Henry Gibbons, Jr., of San Francisco; First Vice President, Dr. C. L. Bard, of Ventura; Second Vice President, Dr. Maupin, of Fresno; Secretary, Dr. W. W. Kerr; First Assistant Secretary, Dr. C. C. Wadsworth, of San Francisco; Second Assistant, Dr. H. Bert Ellis, of Los Angeles; Treasurer, Dr. Thos. Ross, of Sacramento. The next meeting will be held in San Francisco.

THE STATE SOCIETY VERSUS THE CONTRACT LODGE PHYSICIAN.

The war against contract lodge practice is now officially declared in California. At the recent meeting of the State Society held in this city the following was introduced

"*Resolved*, that in the opinion of this society it is contrary to the spirit and letter of the code of medical ethics to perform contract lodge practice, and

Resolved, that in the future no physician be admitted to membership in this society, who holds such a position, and that members who may now be thus engaged, be warned that a renewal of their contract will be construed as contrary to the spirit of this resolution."

The above was referred to the executive committee who reported as follows:

"In reference to the resolution against contract lodge practice your committee begs leave to report that it is entirely in accord with its purpose. It therefore recommends its adoption by the state and county societies, but inasmuch as any action can not be binding on members who are now under contract, the committee recommends that the resolution be brought up for consideration at the next meeting.

and urges that in the meantime all the members use their influence against this custom of cheapening the value of medical services."

This report was adopted, so the State Society pronounces against this evil.

It behooves the Los Angeles County Medical Society to come out definitely against this practice. When justice and right are to be considered, there can be no question but that such an action would be taken. The only reasons for not doing so are that it would be inexpedient and useless. There are too many doctors engaged in such practice, it is said, to make any such action of any avail, and it will hurt the society to take such a step. Nevertheless we think that such a position ought to be taken. The respectable lodge physician ought to be given an opportunity to decline a re-election. Let it be known therefore that whoever fills such a position hereafter does so at the peril of his high standing in the profession. The better the physician, the more ethical his standing, the higher his honor, the worse it is both for himself and for his profession to be a contract lodge physician. We expect better things from honorable educated gentlemen.

This prosecution is not a persecution. It is an offensive warfare against a principle, insidious, specious, clothed in a false philanthropy, and appealing to want or greed, all for sweet fraternity's sake. We have yet to see in all of our reading a single paragraph claiming that contract lodge practice is right. One of the most prominent Forrester physicians in Los Angeles said to the writer: "The whole custom of lodge practice is a d—d shame, but if I don't hold the place some one else will." That is the only defense we have ever heard—the saloon keeper's and the brothel keeper's excuse. It may be that this evil has too strong a hold to be prohibited and like the other wrongs, must be regulated. At any rate the present condition is about as bad as can be imagined. Not satisfied with working for a dollar or two a year, many of the contract lodge physicians offer their services at cut rate prices all along the medical and surgical line—doing obstetrics for ten dollars for instance. As it is, men drawing salaries of five thousand dollars a year accept, nay, rather demand the services daily through lingering illness of the poor contract physician. But this meanness and artificial pauperism on the part of the laity is not now under consideration.

There are other means that can be devised to meet the question of cheap services for the sick poor. Let the societies create a sick benefit fund—a decent one can be raised by a moderate tax on the members. Then let the amounts so collected be used by the sick member to defray the expenses of the medical attendant of his choice, for services that are actually rendered. We imagine that in the end much better results could thus be obtained and no one be obliged to *defraud* his neighbor.

The time has now come when the physicians of Los Angeles should apply to these organizations the revised golden rule "do others or they will do you." *Carthago delenda est.*

STATE SANITARY CONVENTION.

The following officers were elected at the State Sanitary Convention. President, J. H. Davisson; First Vice President, P. C. Remondino; Second Vice President, C. C. Wadsworth; Secretary, Thomas Ross. Dr. H. S. Orme read a paper on "Street Cleaning and Disposal of Garbage." He concluded that cremation of refuse is the solution of the problem.

Dr. A. E. Regensberger presented a paper on "Yard Sanitation." He spoke against the smallness of the yards in most cities, and the keeping of fowls in them, on the grounds that such a practice was a fruitful source of diphtheria.

Dr. P. C. Remondino, in his article "The Imperative Necessity of Sanitary Regulation in Southern California," dwelt upon the contagiousness of tuberculosis.

Dr. Ross read a paper on "Typhoid Fever From a Financial Standpoint."

Dr. Van Slyck read an article on "House Ventilation" and advanced the idea that a large percentage of cases of consumption are caused by bad ventilation.

Dr. Norman Bridge also discussed the same topic in his paper, "The Paramount Sanitary Need."

Dr. W. W. Hitchcock read a paper on "The Gymnasium From the Standpoint of the Sanitarian."

Dr. J. R. Laine read an article on "Public Hygiene," and Prof. Chas. H. Keyes closed the session by a paper on "Manual Training and Health."

EDITORIAL NOTES.

STARVATION AMONG PARIS PHYSICIANS.—We learn from the Paris correspondent of the *British Medical Journal* that Dr. Lanlard, after fifty years of honorable practice, found no other way of escaping starvation than suicide. It is estimated that there are twenty-five hundred medical men battling with starvation, borne down by heavy rent and taxes. Year by year the number of medical men increases, while, owing to the progress of hygienic science and still more to the disastrous competition of the hospital out patient rooms and private free clinics, the number of patients decreases. It is the doctors themselves, says M. Lutaud, who have created their own misfortunes. They have taught lady patronesses of different societies to diagnose

diseases, to dress and bandage wounds, to vaccinate their own children and those of their neighbors. Medical science is vulgarized in every way. Doctors write in important daily papers explaining how bronchitis and cramps of the stomach are to be cured, and in fashion journals they teach how to cure pimples and avert headaches. Furthermore, they have urged that hospital treatment be paid at the rate of \$1.05 per day; the middle classes profit by this tariff to become hospital patients, their conscience at ease since they pay. Five hundred thousand gratuitous consultations are given yearly in Paris dispensaries, and in this way a large amount of fees is diverted from the medical profession. M. Lutaud includes in his indictment the Associations des Dames, more or less patriotic, which send forth thousands of women who, because they have attended a few medical lectures and walked the hospitals a few weeks, believe themselves to be something very like doctors and treat their families and friends. This school of medical half-knowledge has been created and kept going by medical men, who are now being crushed by the work of their hands.—*Medical Record*.

These abuses are not confined to Paris, and we have in addition, *contract lodge practice*.

DR. JOHN C. FISHER, late of Warsaw, New York, and physician-in-charge of the Warsaw Salt Baths and Sanitarium, has removed to California, and, we understand, will assume relations with a sanitarium near San Francisco. Dr. Fisher is a qualified physician, ethical in his methods and every way competent to assume such place in the profession as he may choose. His career in the United States Marine Hospital service was an honorable one, and his resignation was accepted with regret by the supervising surgeon-general. We commend Dr. Fisher to the confidence of the medical profession of the Pacific coast.—*Buffalo Medical Journal*.

Dr. Fisher is well known to members of the profession in Los Angeles. Beside the degree of M.D. he received the degrees of A.B. and A.M. from Princeton. After resigning his position as surgeon in the Marine Hospital Service he went to Beiruth, Syria, where he was professor of gynecology in the Presbyterian Medical College for several years. He is now located as superintendent of the sanitarium at Lytton Springs, Sonoma County, California.

DR. KANNON of this city is to be congratulated on winning his suit against the public administrator. He brought in a bill of \$1500 against the estate of a man who died without heirs. The bill was for 56 visits of unusual length, requiring catheterization, washing the bladder, etc. The public administrator disallowed the bill, but lost the case, the doctor receiving a verdict of \$1200.

DR. GEO. C. BROWN, of San Pedro, has moved to Long Beach, where he will practice. He has arranged to visit San Pedro every week.

DR. H. BERT ELLIS will attend the meetings of the American Medical Association and the American Medical Publishers' Association held in Atlanta, Ga., in May.

THE Arizona Medical Association will meet in Prescott on May 28. This will be the fifth annual convention and preparations are being made by the Prescott physicians for a pleasant and profitable session.

THE following officers were elected at the annual meeting of the San Diego Medical Society: President, P. C. Remondino; Vice President, Dr. D. Gochenauer; Secretary and Treasurer, Dr. T. L. Magee.

THE San Diego County Medical Society found it necessary to publish a statement that Aseptolin was kept in stock by druggists and could be administered by any physician, some of the laity having believed that the supply was controlled by one man. They expressed no opinion as to the value of the treatment, merely affirming that it was not a monopoly.

DR. J. O. HIRSCHFELDER of San Francisco has been experimenting of late on a cure for tuberculosis. Against his strongly expressed desires the matter got into the papers. At his request a committee of prominent physicians investigated his cases. They reported that the results were encouraging and warranted further investigation. Dr. Hirschfelder is pursuing exactly the right course. He will make his method public when he has completed his experiments. He ought not to be asked to give it a premature publication.

At the last meeting of the Pasadena Medical Society, Dr. Grinnell gave an interesting report of a recent case in which a foreign body was supposed to have been swallowed, but which was not found at the post mortem examination. The discussion which followed was general and nearly all gave personal experiences of cases in which objects of the most diverse character had been swallowed, as bones, buttons, pins, needles, glass, pebbles, hat pins, peach pits, etc. Dr. Beckinsale, Covina, gave an account of a sailor who claimed that he had swallowed jack knives which were found in his stomach after death. Dr. Praeger, after giving descriptions of recent operations for appendicitis, declared the operation under the aseptic surgery of to-day to be free from danger, and one which should be performed if any trouble is suspected.

CLINTON E. WORDEN & CO., of San Francisco, gave a most interesting exhibition in connection with the meeting of the State Medical Society. They went to the expense of transferring several departments from their San Francisco laboratory to Los Angeles, machinery as well as employees, and showed a practical demonstration in the manufacture of pharmaceutical products such as tablets, gelatine capsules, pills, etc. Their "Cito Pills" elicited great admiration at the rapidity with which this latest form of medication disintegrated. We are pleased to notice this Pacific Coast manufacturing house gaining so rapidly in favor with the medical profession. We are informed their goods are now in great demand in Central and South America, Hawaiian Islands, Japan and Hongkong, as well as all over the West coast of our continent.

BOOK REVIEWS.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the use of Physicians and Students, by James Tyson, M.D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the Hospital of the University etc.; Ninth Edition; Revised and Corrected, With a Colored Plate and Wood Engravings. \$1.20. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1895.

How many of us in recalling our boyhood days can see in the fly leaf of some school book the jingle:

"Remember well and bear in mind,
A faithful friend is hard to find,
And when you find one kind and true,
Change not the old one for the new."

So we feel in looking over this new edition of our constant companion, for of all our small books Tyson's guide has been the most thumbed, and we can best express our opinion of it by the above rhyme. The later tests that have stood the verdict of experimentation are given as well as those that time only seems to enhance their value. The typography and general make-up is the same as in former editions, it is still a small hand book of 276 pages, though containing considerable more than the edition which we studied as a student. For concise, accurate, authoritative information on this subject there is no better guide than Tyson.

A MANUAL OF THE PRACTICE OF MEDICINE. By Geo. Roe Lockwood, M.D., Professor of Practice in the Women's Medical College of the New York Infirmary, etc. With 75 Illustrations in the Text, and 22 Full Page Colored Plates. \$2.50. Philadelphia; W. B. Saunders, 925 Walnut St. 1896.

This is one of the books which gives the essential facts in a concise form; it is therefore especially adapted to meet the wants of students. The author follows the admirable classification of Osler. A good idea of the direct manner in which it goes straight to the point can be obtained by reading its verdict on serum therapy in diphtheria. "The growth of the Klebs-Loeffler bacillus in the body tissues develops the peculiar toxalbumin, to the poisoning from which the constitutional symptoms are due, nature in some unknown way elaborates in the body an antidotal poison, the antitoxin, and when the two poisons balance in effect the constitutional symptoms cease and the patient recovers. If antitoxin can be

made outside the body, and injected when needed, in sufficient doses, without waiting for the system to elaborate it, the disease, it was thought, might be stamped out at the outset. The growing experiences of the past year tend more and more to prove the correctness of this assumption."

It has quite a number of excellent charts; the illustrations and figures are helpful, well chosen and good. In treatment in general the work is conservative, and lays, as all thoughtful works do, great stress on general management. This book belongs to Saunders' New Aid Series, and we believe it to be of worth in as much as it gives to students and those possessing but little time for investigation, at a moderate price, a good resume of the present status of the practice of medicine.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the progress of the General Sanitary Sciences Throughout the World. Edited by Chas. E. Sajous, M.D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings and maps, 1895. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago, London; F. J. Rebman, Australian Agency, Melbourne, Victoria.

Whenever we speak of this annual we feel like saying "*the*" in italics; we have had it on our shelves from the very first; we have used it every year, and we look forward to it with almost as much certainty and pleasure as we do to Christmas. Its plan is excellent; we know just where by force of habit to find any topic without even consulting any index. It is an annual encyclopedia; it gives the thoughts, investigations, experiences and conclusions of thousands of writers. The star article of the first volume is the one by Wilson and Eshner, of Philadelphia, on Diseases of the Lungs and Pleura.

It is a summary of medical progress during the past year; great care has been taken to mention only those things which will contribute to the progress of medical science. As the field is so wide, there must be many at work, and those especially trained for the varied branches are much more capable of judging what is best, in any particular line, than is the general practitioner. This each writer is supposed to do—to judicially pick out just what has been the best thought and work of the past year in his department. Every article, brief and simple, but as it is "*universal*" it takes five volumes to cover all subjects. It is the work for the present, physicians care not for the past, and with all the world they know nothing of the future. It can not, as do the large systems, become obsolete when needed, though of course last year's number is a matter of history, and as such they will be the most truthful and accurate records by which one can trace medical history. We expect, therefore, that all the old subscribers of Sajous' Annual will take this year's volumes; and we can heartily endorse them as the most complete resume published.

DIETS FOR INFANTS AND CHILDREN IN HEALTH AND DISEASE, By Louis Starr, M.D., Editor American Text Book of the Diseases of Children. Philadelphia, W. B. Saunders, 925 Walnut st. \$1 25.

There are seven diets for health arranged by age, from 1st to 7th month, 8th to 9th, 10th, 11th, 12th, 13th to 18th, 1½ to 2½ years, 2½ to 3½ years, and in childhood. There are fourteen diets for disease, (1) partial peptonization for 4 ms., (2) "no milk" diet for acute gastro-intestinal disorders, (3) for chronic catarrh for older children, (4) chronic vomiting of infants, (5) for chronic diarrhoea for infants from 6 to 12 ms., (6) for habitual constipation at 3 ms., (7) habitual constipation at 18 ms., (8) for infantile scurvy, (8) for scarlatinal nephritis, (10) for lithaemia at 4 years, (11) for rickets at 18 ms., (12) for tabes mesenterica, (13) for pulmonary phthisis at 7 years, and (14) cholera. There are also slips for the following

preparations: Barley water, oat meal water, lime water, barley jelly, flour ball and whey. Starr has done the same thing for children as Thompson for adults. This is a most valuable thing, and what is of great convenience, of small enough size to carry in the pocket.

CONSUMPTION: ITS NATURE, CAUSES AND PREVENTION, WITH AN OUTLINE OF THE PRINCIPLES OF TREATMENT, FOR ALL CLASSES OF READERS. By Edward Playter, M.D., (and Medallist, Toronto Univ.), M. C. P. and S., Ont. Author of "Playter's Physiology and Hygiene" (authorized by the Ontario Education Department), Editor of the "Canada Health Journal;" Member Canadian Medical Association, American Public Health Association, and American Academy of Political and Social Science. Toronto, William Briggs, Wesley Buildings; C. W. Coates, Montreal; S. F. Huestis, Halifax. 1895.

This book is divided into three parts. Nature and Cause of Consumption, Prevention, and Treatment. It is intended for all classes of readers—for the professional and for the laity. It contains much common sense, and is not technical.

The following is a resume of the conclusions of Part I. The essential causative factor is the tubercle bacillus, but this will not grow unless in favorable soil food which latter is produced in the body by reason of weak respiratory functions. There must also be manifested a special morbid condition, and probably a toxine which is essential to the action of the pathogenic parasite.

In treatment it favors good food, proper exercise, out door life and hygienic management—and Canadian climate! We agree in all but the latter, but having lived next to the Canadian border for more than a score of years, we draw the line on the salubrity of that climate.

AN ATLAS OF THE NORMAL AND PATHOLOGICAL, NERVOUS SYSTEMS, TOGETHER WITH A SKETCH OF THE ANATOMY, PATHOLOGY, AND THERAPY OF THE SAME. By Dr. Christfried Jakob, practicing physician in Hamburg, formerly first assistant in the Medical Clinic at Erlangen. With an introduction by Prof. Dr. Ad. V. Strumpell. Translated and edited (authorized) by Joseph Collins, M.D., Instructor of Nervous and Mental Diseases, New York Post graduate Medical School; Visiting Physician to the Hospital for Nervous Diseases; attending physician to St. Mark's Hospital. New York, William Wood & Company, 1897.

In the prefatory note Dr. Strumpell says: "Every unprejudiced observer will, like myself, I think, be convinced that the illustrations convey everything that can be thus given. They give the actual relationships in a clear and lucid manner, and they depict with great completeness nearly all the numerous important discoveries which the last decade has brought forth."

No where in all the realm of medicine is it so important to have an accurate and exact knowledge of anatomy as in neurology; no where is it more difficult to acquire that knowledge, and, also nothing so easy to forget after one thinks he knows it. Jakob's Atlas, however, is so true, so precise, so minute, so extensive and so clear that it ought to enlighten any observant student, so as to make him a good anatomist. The linking together of anatomy, physiology, and anatomical pathology is natural, and a material aid in remembering each department. The addition of therapy is added to complete the subject. The coloring of the plates helps the eye greatly. From personal experience we know of how great value a good illustration is in elucidating an anatomical fact, and the 78 plates alone with their numerous figures are well worth the price of the book. The descriptive text is written in condensed form on page opposite each plate. Wood has a series of atlases of which this is the second number; if the others keep up to the high excellence of this one, that firm have certainly done a great favor to the medical profession in publishing them.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

March, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,500

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY						RACE	
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Canadian	African	Mongol	
Deaths from all causes.....	134	13.84	65	69	27	13	51	11	20	5		
Deaths under 5 years.....	26	2.60	13	13	5	3	10	9	26	1		
i. Specific infectious diseases.....	27	3.24	13	14	5	3	10	9	26	1		
ii. Diseases of the digestive system.....	14	1.68	7	7	3	1	6	1	13			
iii. Diseases of the respiratory system.....	40	4.80	21	19	6	7	15	12	10			
iv. Diseases of the nervous system.....	3	.30	3						3			
v. Diseases of the circulatory system, blood and ductless glands.....	14	1.68	9	5	2		8	1	11			
vi. Diseases of the genito-urinary organs.....	7	.81	6	1		2	4	1	7			
vii. Constitutional diseases.....	4	.48	2	2	2		2		4			
viii. Intoxication, violence, accidents.....	7	.81	5	2	3		5	2	7			
ix. Miscellaneous diseases.....	16	1.92	5	11	5	1	5	5	15	1		
i. Septicæmia.....	1	.12							1			
Diphtheria.....	2	.24	2	1	1				2			
Erysipelas.....												
Typhoid fever.....	2	.24	1	1				2	2			
Malarial fever.....												
Scarlet fever.....	1	.12		1			1		1			
Measles.....	1	.12		1	1				1			
Pertussis.....												
Tubercular Meningitis.....	1	.12	1			1			1			
Meningitis.....	1	.12		1	1		1	2	1			
Tuberculosis.....	12	1.44	9	3	1		7	1	12			
Influenza.....	1	.12	1		1				1			
Dysentery.....	2	.24	1	1		1		1	2			
Syphilis.....												
Tetanus.....												
ii. Gastritis.....	1	.12		1				1	1			
Gastro-enteritis.....												
Enteritis.....	3	.36		3	1		2		3			
Enterocolitis.....	2	.24		2	2				1	1		
Appendicitis.....	2	.24	1	1			2		2			
Cholera infantum.....	1	.12		1	1				1			
Peritonitis.....	2	.24		2			1	1	2			
Intestinal obstruction.....	2	.24					1	1	2			
Diseases of the liver.....	1	.12		1				1	1			
iii. Asthma.....	1	.12							1			
Bronchitis.....	8	.96	1	7		2	2	1	8			
Pneumonitis.....	9	1.08	5	4	1		1	1	9			
Broncho-Pneumonitis.....	4	.48	2	2	2	1			1			
Phthisis.....	17	2.04	8	9		4	8	5	17			
Membranous croup.....												
Pseudo-Membranous Laryngitis.....												
iv. Diseases of the brain.....	2	.24	2				1	1	2			
Diseases of the spinal cord.....	1	.12	1				1		1			
Eclampsia.....												
Epilepsy.....												
Neurasthenia.....												
v. Diseases of the heart.....	8	.96	5	3	1		2	2	8			
Degeneration of the arteries.....	3	.36	3				2	1	3			
Pericarditis.....	1	.12		1			1		1			
Endocarditis.....	1	.12	1		1				1			
Anæmia.....	1	.12		1				1	1			
vi. Uræmia.....												
Cystitis.....	1	.12	1				1		1			
Chronic Bright's disease.....	3	.36	3			1	1	1	3			
Nephritis.....	1	.12	1						1			
Diabetes.....	2	.24	1	1			2		2			
vii. Rheumatism.....												
Gout.....												
Inanition.....	2	.24	1	1	2				2			
Senility and Asthenia.....	2	.24	1	1			2		2			
viii. Alcoholism.....												
Opium habit.....												
Suicides.....	3	.36	2	1	1		1	1	3			
Violence and accidents.....	3	.36	2	1	2			1	3			
ix. Tumors—malignant.....	5	.60	5		1		3	1	5			
Tumors—non-malignant.....	1	.12	1						1			
Other diseases.....	10	1.20	5	5	1	1	1	1	10			

F. W. STEDDOM, M. D., Health Officer.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of March, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	57	45	51	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 30.01. Highest pressure, 30.22, date 6. Lowest pressure, 29.68, date 3. Mean Temperature, 58°. Highest temperature 89°, date 24. Lowest temperature 35°, date 2. Greatest daily range of temperature 32°, date 19. Least daily range of temperature 8°, date 3. MEAN TEMPERATURE FOR THIS MONTH IN 1876 1883 55° 1890 58° 1877 1884 56° 1891 58° 1878 57° 1885 62° 1892 57° 1879 59° 1886 55° 1893 54° 1880 52° 1887 60° 1894 54° 1881 57° 1888 56° 1895 56° 1882 56° 1889 59° 1896 58° Average excess of daily mean temp. during month, 1° Accumulated excess of daily mean temp. since Jan. 1, 31.2° Average daily excess since January 1, 3° Prevailing direction of wind, West. Total movement of wind, 2807 miles. Maximum velocity of wind, direction, and date, 21m, NW, 1. Total Precipitation, 2.97 inches. Number of days on which .01 inch or more of precipitation fell, 6. Mean Dew Point, 45°. Mean Relative Humidity, 70 per cent. TOTAL PRECIPITATION FOR THIS MONTH IN 1879 49 1885 ..... .01 1891 ..... .41 1880 1.45 1886 2.52 1892 3.39 1881 1.66 1887 ..... .20 1893 1.54 1882 2.66 1888 3.17 1894 ..... .37 1883 2.87 1889 6.48 1895 3.77 1884 12.36 1890 ..... .60 1896 2.97 Average precip'n for this month for 19 years, 2.86. Total excess in precipitation during month, 0.11 inches. Accumulated deficiency in precip't'n since Jan. 1, 3.11 inches. Number of clear days, 9. " partly cloudy days, 15. " cloudy days, 7. Dates of Frost, Light, 4, 7: Heavy 5, 6. Killing, none.
2	47	35	41	.73	
3	49	41	45	.84	
4	52	35	48	.40	
5	56	35	46	T	
6	60	41	50	0	
7	69	42	56	0	
8	60	46	53	0	
9	70	45	58	0	
10	74	46	60	0	
11	78	47	62	0	
12	75	46	62	0	
13	69	41	55	0	
14	64	51	58	0	
15	68	45	56	0	
16	68	45	55	0	
17	74	54	64	0	
18	84	53	68	0	
19	85	53	69	0	
20	79	52	66	0	
21	73	52	62	0	
22	72	54	66	.01	
23	81	57	69	0	
24	89	58	74	0	
25	81	56	68	0	
26	66	55	60	0	
27	66	49	58	0	
28	59	49	54	.98	
29	60	46	58	.01	
30	74	44	59	0	
31	74	44	59	0	
Mean	70	47	58		

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., MARCH, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	53.	80.	35	30.01	70.	6	2.97	9	15	7	W	2,807
San Diego	53.	85.	41.	30.02		5	2.39	11	10	10	N W	4,108
Santa Barbara	57.6	82.	35.5		71.	5	2.37	15	7	9	W	3,245
Yuma	65.	99	37.	29.91	39.	2	.43	13	13	5	N W	5,735
Ontario	57.8	87.	34.				4.15				W	
Pasadena	58.6	84.	39.				2.88				W	
Redlands	57.8	88.	33.				2.47				W	
San Bernardino	58.0	89.	29			5	2.02	18	8	5	W	
Riverside	58.1	89.	32.			5	2.84	11	15	5	W	
Santa Ana	59.6	80.	42.			0	2.90				E	

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

THE USE OF PREPARATIONS OF COD LIVER OIL IN CASES OF MAL-NUTRITION AND MALASSIMILATION.

N. M. BASKETT, M.D., MOBERLY, MO.

A great desideratum in the medical practice is an ideal tissue builder. The busy practitioner frequently finds himself at a loss to decide upon the most efficient remedy for a given case, in spite of the great variety of drugs from which he may select. This is especially true in cases where tissue changes and waste are continuous, and where it is necessary to check the disintegration and repair and restore the waste of cellular tissue, resulting from established cachixias. In these cases remedies are required, both for their antidotal properties and their food values. Under these circumstances that remedy which most nearly meets these requirements of the case is of most value.

I am rarely constrained to lend my indorsement to any proprietary remedy, though admitting in a general way that many of them are excellent for the treatment of diseases for which they are recommended. But I have found in the use of Hagee's Cord. Ol. Morrhuæ Comp. such marked benefit, that I feel justified in calling the attention of the profession to its merits, both as a medicine and tissue builder. Its elegance and excellence as a pharmaceutical product, the ease with which it is assimilated, its retention by the most delicate stomachs, all make it desirable for exhibition in cases where the principal indication is to guard the patient's stomach. Used in anaemic conditions, associated with chlorosis, when the catamenia are slow in asserting themselves or dysmenorrhoea exists on account of a deficiency of red blood corpuscles, or in cases of menorrhagia requiring the use of a tonic, I have secured excellent results, and have seen patients rapidly relieved of untoward symptoms. While in debilitated conditions following typhoid fever, when convalescence is slow, the effects of the remedy are all that can be desired. During convalescence from pneumonia, when resolution is slow and the normal respiratory murmur is not rapidly established, I know of no better remedy. I have used it satisfactorily with children recovering from summer diarrhoea, in connection with milk or some of the most desirable baby food upon the market.

In the primary stages of phthisis pulmonalis I have confidence in its curative powers, while it has proved of advantage in my hands in all stages of the disease. It is particularly in those cases when the stomach becomes so rebellious and so intolerant of medication, that I have found this remedy well borne and beneficial to the sufferer. I could cite many cases in which I have used the cordial, but will only subjoin one for the consideration of the profession.

M. H., female, white, aged 16, American, tall, slim, slightly tachectic, poorly developed, general health below normal. Suffers from amenorrhœa. Has some cough; mammary glands undeveloped, pulse 90, elevation of temperature $\frac{1}{2}$ degree above normal. No expectoration with cough, no sinking of tissues above clavich, slight dullness on percussion in apices of both lungs. Auscultation reveals dry valves in apices of both lungs; slight hoarseness. History shows that menses appeared at fourteen and were regular for three or four months, though scanty and painful, then ceased and had not reappeared up to present date. Prescribed Cord Ol. Morrhuæ Comp, Hagee's, teaspoonful four times per day. Tinct. ferri chlorid gets X three times per day and occasional hot hip baths. The menstrual flow was re-established in two months and recovery was rapid and uneventful. At this time the patient is in excellent health and has had no tendency to relapse to her former condition.

A DOCTOR'S CARBUNCLE.

I thank you for the box of Sennine. It came just in time for me to try it on myself in a malignant carbuncle which has caused me much suffering.

It affords me pleasure to state that Sennine has benefited me more in three or four days than any of the many Antiseptics I have used, among which were Iodoform, Antifebrine and Aristol, so you can see that Sennine has the best standing with me, and I cheerfully commend it to my brother practitioners.

Yours very truly,

R. M. WELLS, M. D.,
Plant City, Fla.

Dios Chemical Co., St. Louis, Mo.

WHO?

Who does more good in the world than they who relieve suffering humanity? I have used Sanmetto in many cases where it was indicated, such as enlarged prostate of old men, and in cystitis and gonorrhoea, I truly believe that I have carefully tested every remedy in the Pharmacopea for these distressing and painful affections of humanity, and none give relief like Sanmetto. In one case where solid casts from the urethra were voided (resembling chicken guts), where micturition was so frequent as every ten or fifteen minutes night and day, and where the catheter would not pass into the bladder Sanmetto brought relief. I consider it the great reliever of these affections.

C. N. BROWN, M.D.

Webster, W. Va.

S. S. NIVISON, M.D., Hammonton, N. J.—“I have variously tested the merits of your Vapo-Cresolene treatment. I have already recommended its use to a large number of my friends and patrons. I assure you that I shall not only continue the further test of your Vapo-Cresolene in my Sanitarium, but fully advocate its merits, confidently believing that you have not over-estimated its value to the general public, especially for the cure of whooping cough and for the relief of asthma, croup, hay fever and diphtheria, and as a disinfectant of sick rooms.”

ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.

I have repeatedly prescribed antikamnia for various neuroses with good effect. Recently prescribed it in a case of croupous enteritis, patient adult, highly nervous, and during continuance of paroxysms, and preceding it, is nervous and hypochondriacal, suffering intense pain. The case is one of long standing, and one where opium was objectionable, because of the tendency toward forming opium habit. However, opium has been used, but the effect of antikamnia has been more magical, more persistent, and followed by no digestive disturbance, as has been the case when opium was used.

My directions have been to use antikamnia whenever a paroxysm occurs. Have also found it invincible in protracted neuralgia.

Jacksonville, Ills., September 19, 1891.

FRANK P. NORBURY, M. D.

“For the past six years I have prescribed Tongaline, liquid, and do not believe the combination could be improved upon for correcting the various forms of rheumatism and neuralgia. My experience with Tongaline Tablets goes to show that they are just as effective as Tongaline, liquid, and in many cases much more convenient of administration.”

JAMES VAN DEN BERGE, M.D.,
Grand Rapids, Mich.

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ORIGINAL.

TACHYCARDIA.*

BY WM. WATT KERR, M.A., M.B., C.M., CHAIRMAN, SAN FRANCISCO, CAL.

The selection of this subject for my report was suggested by a number of cases of tachycardia that from time to time had come under observation. Some of the hearts did not show any signs of organic change, but simply caused anxiety to the patient, while in others the disorder had persisted for a length of time sufficient to induce grave changes in the cardiac muscle.

The frequency with which a patient is assured that his rapid pulse is merely an idiosyncrasy not calling for any special care or treatment, and the similar frequency with which he repudiates the necessity for caution, on the ground that "he has not any organic disease of the heart, but simply a functional disturbance," indicates that the profession is not by any means agreed upon the prognosis in affections of the central organ of the circulatory system.

It is perfectly true that during youth, when the processes of tissue growth and repair are at their greatest activity, tachycardia may persist for some time without the production of any serious change; but it is equally true that in adult life, especially during the latter part, when the tendency is retrospective, a persistently rapid heart must, by overworking that organ, lead to exhaustion and debility of the cardiac muscle. Likewise, it must be remembered, that tachycardia may be a symptom—indeed, in many instances, the only symptom—of nutritive changes taking place in the muscular fibers. Possibly the greatest difficulty encountered in the management of these cases is the task of ascertaining positively whether the disturbance has originated in some form of neurosis, or in molecular changes of the cardiac muscle.

*Report of the Committee on Clinical Medicine of the Medical Society of the State of California, April, 1896.

The exact relation between the cardiac muscle and the cardiac nerves is still doubtful. It is a well established fact that the cardiac muscle can originate and maintain rhythmical contraction, apart from any nervous stimulation; but some physiologists consider this automatic contractile power of the cardiac muscle to be of secondary importance, and believe that, under normal conditions, the movement is initiated and continued by motor impulses originating in the intracardiac ganglia. There are others, however, and probably they are now in the majority, who are of the opinion that the cardiac plexus, the coronary plexus, and the intracardiac ganglia, are simply means by which the nerve tracts are rearranged and distributed so that the heart, as the central organ of the circulatory system, may receive and respond to impressions coming from any part of the body.

On this latter basis, then, the general opinion would appear to be that the originating and the maintenance of the contractions is an inherent property of the cardiac muscle; but the movements are subject to the influence of nerve centers which communicate with the cardiac ganglia through the medium of the cardiac branches of the vagus and sympathetic.

The vagus has been shown to contain both afferent and efferent fibers in its cardiac branches. The afferent, or sensory fibers, carry impulses from the heart itself to the central nervous system, and thus form part of a reflex arc which assists in the regulation of the cardiac movements. The efferent are inhibitory fibers, and exercise their function by retarding or arresting metabolism in the cardiac muscle, and, therefore, similarly influencing its automatic contractions. Evidently the strength of the muscle fiber must be economized by this diminished metabolism and the potential energy of the fiber increased, so that a weak heart was found to beat more vigorously after the removal of an inhibitory impulse than before its application. For this reason the vagus has been called the trophic or anabolic nerve of the heart.

The cardiac branches of the sympathetic, or augmentor nerve, increase the force and frequency of the systole by increasing metabolism in the muscle fiber; but prolonged stimulation results in exhaustion of the cardiac muscle, and therefore it is known as the katabolic nerve. Lastly, the heart's contractions are influenced by the amount and quality of the blood supplied to that organ itself, any deficiency in either respect resulting in diminished force of cardiac action.

These physiological considerations make it evident that the causes of tachycardia are very numerous. They may be grouped in three divisions:

1. Those causes which primarily affect the cardiac muscle, or endocardium.
2. Those causes which act directly upon the nervous supply of the heart.
3. Those causes which influence the cardiac nerves in a reflex manner.

Since metabolism in the muscular fiber is the source of contractile energy, the danger of a persistent tachycardia, terminating in exhaustion of the cardiac muscle, is very great; especially is this the case where preëxisting impaired nutrition of degenerative changes in that tissue are themselves the cause of the rapid pulse. The irritability and rapid action or a poorly nourished or degenerated heart are frequently ascribed to hyperesthesia of the cardiac ganglia, but they are more probably due to the influence of blood pressure upon the cardio-inhibitory center in the medulla.

It is a physiological law that the pulse rate is inversely as the blood pressure, so long as the vagi remain intact. A rise in blood pressure stimulates the cardio-inhibitory center in the medulla, and as a result the heart's action is slowed; a fall in blood pressure diminishes the stimulation of this center, the tonic inhibition

of the cardiac movements is correspondingly decreased and the heart beats more frequently. As blood pressure, on the other hand, depends not only upon the condition of the vessels, but also upon the strength of the heart's systole, so a poorly nourished or degenerated cardiac muscle must result in diminished contractile power accompanied by a fall in blood pressure, which, as we have just seen, will be followed by increased rapidity and great enfeeblement of the heart.

In this first division might be included the rapid heart found in such diseases as typhoid and scarlet fevers, where the muscular fibers are weakened not only by the pyrexia, but also by the toxic influence of the excess of waste material and the specific poison circulating in the blood.

During the American civil war tachycardia was not uncommon among young recruits taken from sedentary occupations and subjected to the physical strain of long drills and marches without any preliminary hardening. Probably the imposition of severe strain upon a cardiac muscle, unaccustomed to be called upon suddenly to put forth vigorous efforts, resulted in myocarditis, which, if slight, responded readily to rest and treatment, but if severe, left the heart permanently injured.

Many patients, in whom rapid pulse is induced by a single violent effort, are subjects either of weak cardiac muscle or of diseased coronary arteries. The following case is of interest in this respect:

M. Kelley, aged 30, single, was admitted to the San Francisco City and County Hospital, on the 16th day of July, 1895. For several months prior to this he had been an occasional attendant at the out-patient department, complaining of debility, which was not due to any apparent sickness, but simply to the fact that he was out of employment during that time, and, consequently, unable to obtain sufficient food. His family history and habits were good, he had not suffered from any sickness that he could remember, but occasionally had experienced slight pains in the joints, which were not accompanied by any swelling, and never unfitted him for work.

When admitted to the hospital he complained of a vague feeling of uneasiness over the chest, attributed by him to indigestion from hot cakes that he had eaten two or three days previously. Four days prior to his admission he had succeeded in obtaining laboring work in a quarry, a class of employment that is necessarily associated with considerable exertion, and it was at the end of the second day that he began to suffer from the feeling of weight on the chest. On admission, the pulse was beating so rapidly that it could not be counted with the finger at the wrist.

The patient was put to bed, and the bowels emptied by means of purgatives, yet there was not any appreciable influence on the pulse rate, which continued to beat about 180 per minute. The pulse was of good volume, but of low tension and easily compressed; the vessel was tortuous and its walls were thickened. The area of cardiac dullness was but very slightly increased, the apex beat being seen distinctly in the fifth interspace and within the nipple line. The first sound in the mitral area was impure, but a distinct murmur could not be detected, neither was there any accentuation of the second sound. All other systems were normal.

At the end of about three weeks it was noticed that the apex beat was extending to the left side and downwards, and a soft, systolic murmur could be heard in the mitral area with an accentuated pulmonic sound; the pulse had become weaker and occasionally irregular, but never was found to record less than 140 beats per minute, even during rest in bed. Notwithstanding this, the patient was

more comfortable; he was able to sit up part of the day and enjoy light exercise, but found that smoking, to which he had been moderately addicted, brought on attacks of palpitation, and, consequently, he dropped the habit.

Early in October his case formed the basis of a clinical lecture, and, at that time, his condition was such as has just been described, only the signs of failing heart were much more pronounced. The tachycardia was ascribed to atheroma at the base of the aorta with obstruction to the coronary arteries, which, together with his former privations, so impoverished the nutrition of the cardiac muscle, that under the strain of his work in the quarry an incurable myocarditis was developed.

During the remaining three months of his life the heart steadily failed; the dilatation greatly increased; the pulse became weaker, but continued rapid until within a few days of his death, when it varied from time to time, as the patient was being kept alive by the frequent hypodermic injection of stimulants.

The following is the report on the *post-mortem* examination of the heart, for which I am indebted to the courtesy of Dr. D. W. Montgomery:

"The heart weighed thirty-two ounces avoirdupois, and there was hypertrophy of both ventricles as well as of the right auricle. Both auricles were dilated, the right one markedly so. The mitral valve was puckered and thickened by atheromatous change. All the leaflets of the aortic valve were also thickened; one of these leaflets had two perforations, another, one. There was pigment degeneration of the heart muscle. The lumina of both subclavian, of both carotid, and of both coronary arteries were stenosed by atheromatous tissue. This stenosis was most marked and the atheroma especially nodular at the point where the coronary vessels originate from the aorta. Hemorrhagic infarcts were found in the lungs."

The causes of tachycardia which act upon the nervous supply of the heart can accelerate the pulse either by paralyzing the vagi or by stimulating the cardiac branch of the sympathetic. Paralysis of the vagus may be due to the toxic effects of certain drugs, such as atropine or the prolonged use of digitalis in large doses; but it is more frequently met with as a result of over-indulgence in tobacco and alcohol. The tobacco heart is generally recognized, but the alcoholic heart is often over-looked, although it is much more prevalent.

The continual use of alcoholic stimulants not only induces degenerative changes in the muscular tissue, but it causes a neuritis of the vagus; or an attack of acute alcoholism may result in paralysis of this nerve, followed by an exhaustion of the heart thus set free from control. Balfour has pointed out the importance of recognizing the fact that, in patients suffering from delirium tremens, the rapid pulse may be due to the three-fold effect of alcohol: (1) A direct stimulating effect. (2) A paralysis of the inhibitory influence of the vagus. (3) A degenerated condition of the cardiac muscle.

Several years ago I was called to see a patient, about 30 years of age, who had gone to one of the public baths to recover from what might be described as the effects of a few days' social relaxation. He was an exceptionally strong, well-nourished young man, not dissipated in habits, but one who lapsed occasionally when enjoying himself with boon companions. After his bath he lay down to sleep; but, experiencing some uncomfortable sensation about his heart, he called an attendant, who summoned medical aid. The patient did not complain of any special distress, but simply of uneasiness, and all that physical examination revealed was a rather small and weak pulse, beating between 160 and 170 times per minute. Digitalis and other cardiac stimulants were given, both by the mouth and hypodermically, but failed to produce any effect, and within 36 hours the patient died from hypostasis in the lungs. The symptoms indicated

paralysis of the vagi, and examination failed to show any lesion in the heart muscle.

Fright, grief, surprise, anxiety, prolonged nervous excitement, or mental shock of any kind, are common causes of tachycardia. The pulse is full as well as rapid, and the heart's action appears to be influenced primarily, by stimulation of the sympathetic. If the attacks are frequent or continuous, the muscle becomes exhausted, the blood pressure fails, and the heart beats even more rapidly as the inhibitory control of the vagus is diminished.

Cases of this description are frequently met with among over-worked business men, but they are more common in nervous women. Some time ago I was called to see an elderly lady, of neurotic temperament, who, a few months previously, had received a severe shock that was immediately followed by very rapid action of the heart, which recurred upon the slightest excitement or fatigue. For this she had been treated, irregularly, without receiving any benefit. On the occasion of my first visit the beats were so rapid that it was impossible to count the pulse or form any definite idea of the condition of the heart. At a second examination, the patient's face was flushed, and the pulse was full and regular, and, as nearly as could be counted, it was beating 168 times per minute. After two weeks' rest in bed, during which time she took freely of the bromides, her condition materially improved; she has now resumed her usual duties, and only on one occasion during three months has her pulse rate reached 74 per minute, it usually varying from 62 to 64.

The differential diagnosis between tachycardia due to stimulation of the sympathetic, and that due to paralysis of the vagus, must be based on the history of the case, and the fact that in the first variety the pulse is full and large during the earlier attacks. There cannot be any doubt, however, that the conditions which stimulate the sympathetic, either directly or reflexly, may simultaneously restrain the inhibitory influence of the vagus.

Cases of reflex tachycardia are common, and are most frequently associated with gastric or intestinal irritation, floating kidney, and disease of the ovaries or uterus. Occasionally this disturbance follows the excitement and exhaustion of parturition. Two cases of this kind have come under my notice. The first, a patient of Dr. Henry Gibbons, Jr., was a primipara who had passed a normal labor without the aid of anesthetics, but whose pulse rate was 160 and upwards for nearly twenty hours after the birth of the child. The second patient was also a primipara, aged 22, who had a normal but rapid labor, and whose pulse-beats numbered from 150 to 158 per minute for nearly eight hours after the birth of the child, and dropped to less than 100 about half an hour after two grains of opium had been introduced into the rectum. In neither of these cases did digitalis have any effect; so, probably, there was a reflex paresis of the vagus as well as stimulation of the sympathetic.

Time does not permit, nor is it the object of this paper, to enter into the discussion of such an extensive subject as the treatment of tachycardia, but it may not be out of place to indicate the lines along which the treatment may be directed.

In all varieties of the malady physical and mental rest are essential. So far as medicinal agents are concerned, digitalis is best adapted to that group of cases where the cardiac muscle is affected, because it rests the heart and promotes nutrition of its muscular fibers. In old persons, or where there is degeneration of the muscle, a vaso-dilator, such as nitroglycerine or iodide of potash, should be combined with the digitalis. In patients where the cardiac disturbance can be attributed to emotions or mental exhaustion, the bromides or assafetida will

afford the best results; while, of course, those in which the rapid pulse is reflex in origin can only be cured by the removal of the irritant. In all the nervous forms opium is a potent and efficient remedy, but, for obvious reasons, it should be used only where the cause is transitory, as during severe pain, shock from operation or parturition, or in extreme exhaustion.

I trust that sufficient has been said to indicate the necessity for a guarded prognosis in cases of tachycardia. The gist of the matter is: As the metabolism of the cardiac muscle is the source of its contractile energy, persistent abnormal rapidity of action requires abnormal metabolism of the muscular fibers, which, sooner or later, must terminate in a weakened, if not completely exhausted, heart. Tachycardia should be regarded as a symptom rather than a disease.

1200 Van Ness avenue.

ECTOPIC PREGNANCY, WITH CASES AND REMARKS.

BY BEVERLY MAC MONAGLE, M.D., CHAIRMAN, SAN FRANCISCO, CAL.

Among all the abdominal conditions demanding a clear understanding of their nature, and prompt action on the part of the attendant, ectopic pregnancy holds a very important place. The field cannot be covered by the specialist. Cases must often be met by the general practitioner, for, while the condition is not necessarily rapidly fatal, a short delay may bring a condition beyond cure; therefore, the great importance of being thoroughly familiar with the condition and what may occur is paramount.

A classification is necessary to a clear understanding of the condition; its probable, possible, and actual dangers; a correct and quick apprehension of them, and the best way to treat them. I have adopted the following classification, given by J. Clarence Webster, as it seems to cover about all we know at present on this subject:

I. *Ampullar*: In which gestation begins in the ampulla of the tube. This is by far the most common origin.

1. Persistent: In rare instances the tubal gestation may go on to full time.

2. Rupture may take place early into the broad ligament—subperitoneo-pelvic, tubo-ligamentous, extra-peritoneal, broad-ligament gestation. (a) The gestation may continue to develop—subperitoneo-abdominal. (b) A secondary rupture of the subperitoneo-pelvic gestation may take place into the peritoneal cavity. (c) The gestation may come to an end by the formation of an hematoma, by suppuration, by mummification, adipocere, or lithopedion formation.

3. Rupture may take place into the peritoneal cavity. (a) Tubo-peritoneal gestation, in which the escape of the fetus and membranes occurs into the peritoneal cavity, the placenta remaining in the tube, its development continuing. (b) The gestation terminates in various ways; by the formation of an hematocele, the patient dying from the shock and loss of blood, or from peritonitis. In some cases absorption of the mass may occur; in others, mummification, adipocere, or lithopedion formation may take place in the fetus. Suppuration may result.

4. The gestation may be destroyed. (a) By the formation of a tubal abortion and its passage through the fimbriated end of the tube into the peritoneal cavity; (b) by the formation of an hematosalpinx; (c) by the formation of a mole; (d) by suppuration, resulting in a pyosalpinx; (e) by absorption after early death, by mummification, adipocere, or lithopedion formation.

II. *Interstitial*: The gestation may develop in the interstitial portion of the tube; (1) The gestation may go on to full time. (2) Rupture of the gestation into the peritoneal cavity may occur. (3) Rupture into the uterine cavity may

occur. (4) Rupture both into the uterine and peritoneal cavities may occur. (5) Rupture may occur between the layers of the broad ligament. (6) After the death of the fetus it may remain in its sac, and possibly may undergo the same changes as in the other forms; *e. g.*, mummification, adipocere, or lithopedion.

III. *Infundibular*: The gestation begins in the outer end of the tube or in an accessory tube-ending. Under this heading are to be included the forms described as tubo-ovarian and tubo-abdominal, names which appear to the author to be unnecessary, since the gestation is a tubal one in origin, the end of the gestation sac merely becoming adherent to the abdominal wall, the ovary, or other of the viscera.

The general analysis of the classification leaves us: (1) Ampullar: Gestation beginning in the ampulla of the tube; by far the most common. (2) Interstitial: Gestation in the interstitial portion of the tube. (3) Infundibular: Gestation in the outer end of the tube.

This places the gestation in some portion of the tube in about every case. We have, then, a tube which can only expand to a certain point with a growing ovum inside. The greatest limit of the tube is not equal to the size of the full term fetus, therefore it is almost inevitable that a growing ovum must burst the tube, and it must burst in one of two directions—either into the peritoneal cavity or into the broad ligament.

Rupture into the peritoneal cavity means hemorrhage and almost certain death to the mother and child. Rupture into the broad ligament means hemorrhage to a certain extent, which endangers the life of mother and child; still, both may escape and the child continue to develop, but ultimately it has no way to escape, except by secondary rupture into the peritoneal cavity. This leaves the patient with the ovum in the peritoneal cavity in the case of rupture either way, and almost the certainty of dying from hemorrhage at time of rupture.

I am of the opinion that it is not possible to make an exact diagnosis in all cases. However, with care, close watching in every case, examination under an anesthetic, and even exploration of the uterine cavity for decidual membrane in the doubtful cases, I feel that information justifying an exploratory opening of the abdomen can almost always be obtained.

The principal conditions which may be mistaken for ectopic gestation, or for which it may be mistaken, are:

1. Uterine pregnancy.
2. Retroversion of the gravid uterus.
3. Ovarian tumors.
4. Cysts of the broad ligament; distended fallopian tubes.
5. Fibro-myoma and fibro-cystic tumors of the uterus.
6. Pelvic hematocele.
7. Pelvic inflammatory exudations.
8. Malignant disease in the abdomen or pelvis.
9. Pregnancy in the rudimentary horn of a malformed uterus.
10. Pregnancy in a well formed bicornute uterus.
11. Spurious pregnancy.
12. Perforation of the vermiform appendix, with rapid extravasation of fecal matter, and shock.

Study and consideration of cases and the symptoms lead me to the conclusion that the varieties are so great in different cases, that one cannot lay down definite rules to cover every case. Yet I think we can get a very

clear idea of the symptoms by following the enumerations given by George Haven :

(1) Absence, irregular appearance, and uncertain duration of menstruation. (2) Pain of severe and systematic character, which may be permanent at first, then absent for some weeks, to return later with renewed vigor. (3) Vaginal discoloration—a symptom of some importance, yet often noticed in cases where some other form of pelvic tumor is present. (4) General signs of pregnancy, such as nausea, enlarged and tender breasts, increase in the size of the papillæ, darkened areola, milk in the breasts, the presence of a tumor, irregular menstruation, and, possibly, irregular gait. (5) History of previous childbirth or miscarriage. This is important, as cases in nulliparous women are rare. (6) Expulsion of decidua. This symptom is of great importance, when present, although in the majority of cases, the clot and shreds of tissue are thrown away before a microscopical examination can be made. (7) Increase in size of the uterus, with the fundus either pushed forward, or to the right or left side. (8) Elongated, soft, or patulous cervix. (9) Appendages on one side containing a thin-walled and tender cyst. The fact, however, that a tumor is felt upon both sides, should have no bearing upon the diagnosis, as one tumor may be due to extra-uterine pregnancy, and the other to some form of tubal, ovarian, or pelvic trouble. (10) Pulsation of vessels in the neighborhood of the cyst. (11) Rapid increase in size of the tumor. (12) Presence of fetal heart sounds. (13) Presence of placental bruit. (14) Feeling the small parts of the child, either through vagina or rectum, or by conjoined manipulation.

From the fourth month to term, all the phenomena enumerated may be present. Cases after the fourth month are easier to diagnose, from the fact that symptoms 12, 13 and 14 may be present.

Rupture may occur in two ways—into the folds of the broad ligament or into the abdominal cavity. If it take place into the folds of the broad ligament, there will be sudden pain, with symptoms of more or less profound shock, and a distinct increase in the size of the tumor, due to the hematocele which is formed. If into the abdominal cavity, there will be pain, nausea, feeling of impending danger, restlessness, rapid and thready pulse, suffocation, thirst, blanching of the lips and finger-nails, and disappearance of the tumor.

Pregnancy in one horn of a bicornute uterus should not be mistaken for extra-uterine pregnancy. Hematocele would not be mistaken for extra-uterine pregnancy, as in a vast majority of cases the hematocele is secondary to the pregnancy, and will have been preceded by many of the symptoms described. In cases presenting all the symptoms of extra-uterine pregnancy it is best to assume the worst until the contrary is proven, for waiting is the worst of all policies.

It is not my purpose to go into the differential diagnosis, but simply to give you the general symptoms so that one can be on the alert, and by close study of the particular case clear away the field and recognize the variations.

I wish to explain why I have included perforation of the vermiform appendix with rapid extravasation of fecal matter and shock as one of the conditions for which one may mistake ectopic gestation with rupture into the peritoneal cavity. My attention was first called to the resemblance of these two serious conditions through an article by Maurice Richardson, on extra-uterine pregnancy and pelvic hemorrhage. He says: "Leaving out the pallor of hemorrhage, the two cases are almost precisely alike. Not only are they similar in the suddenness of their onset, and in severe cases, in the rapid march to a fatal termination, but they resemble each other in the brilliancy of the results, after early surgical interfer-

ence. In looking over a very large number of cases of appendicitis, I find that my mortality after operations diminishes with the time between the attack and the operation—that is to say, the earlier the operation the larger the percentage of recoveries. The same is true in the treatment of extra-uterine hemorrhages."

On first consideration of Dr. Richardson's conclusions I was inclined to think they were too sweeping, but having seen a case in which an able surgeon operated for appendicitis, and when the abdomen was opened found he had an ectopic gestation of the right tube that had burst, I am now convinced that the similarity is very great, and that both should be taken into consideration whenever either is being considered.

Treatment must depend on the condition as we find it in the particular case. In the early stages the ovum is still in the tube. Its destruction by administration to the mother of large doses of toxic drugs; puncture of the sac with the aspirating needle; injection of drugs into the gestation-sac, and the passage of an electric current through the gestation-sac, all of these procedures may well be taken up as one, and called the medical treatment of ectopic gestation.

Medicine, to the mother, has been abandoned. Puncture and aspiration is very dangerous to the mother, exposing her to internal hemorrhage, peritonitis and septicemia, and very uncertain in its effects on the child. Injection of drugs exposes the mother to the danger of hemorrhage, peritonitis and septicemia, and is uncertain in its effects on the child.

Electricity is also uncertain in its effects on the child. Its advocates have not yet decided what amount or which form should be used, and if the life of the ovum is destroyed, in many cases the abdomen may have to be opened to relieve the mother of the troublesome and dangerous remains. Therefore, I think it fair to conclude that medical treatment holds forth very little chance of benefit and exposes the mother to a great many serious dangers.

My cases have been tubal, and had not ruptured. They were successfully treated by opening the abdomen and taking out the tube and ovum. We must choose either to leave these cases to nature and stand prepared to operate quickly in case of rupture, with the patient in an unfavorable condition for operation; the assistance and preparation, simply, what can be quickly arranged, and the surroundings unfavorable; or, carry out a well-planned operation while the patient is in a fairly good condition, and the surroundings what we care to make them. It is much better to operate as soon as a clear diagnosis can be made, or even to make an exploratory opening, to clear away the doubts, and do what can be done early and under favorable circumstances, than to wait and do an emergency operation.

In rupture into the broad ligament, the case is comparatively safe, and can be carefully watched and studied. However, I hold, on the grounds given above, that an early operation will give the mother the best chance of a cure, and relieve her at once of a very dangerous condition.

In case of rupture into the peritoneal cavity, with hemorrhage; operation, to control the hemorrhage and give the mother a chance of life, is demanded.

In regard to the choice of operation, I think, in a large majority of cases, opening through the abdominal wall from above will give the best and most lasting results.

Where the rupture has taken place into the broad ligament, and the ovum is dead, the tumor bulging well toward the vagina, or pushing down the *cul-de-sac* of Douglas, an opening from the vagina, with drainage, etc., may be safely done,

and a cure will result. However, there is always great uncertainty as to the attachment of the placenta, and an opening into and through the placenta might force one to open above to properly complete the operation. I contend, that when an operation is made through the vagina, we should always be prepared to open from above, if we cannot leave the patient in a satisfactory condition by vaginal opening.

CASE I.—Seen with Dr. Henry Gibbons, who has kindly given me a good history of it, which is as follows: Mrs. J——, married 27 years; mother of 8 children; had several abortions, last one a year and a half ago. Recovered satisfactorily from all these pregnancies. Some months ago was anemic with scanty menstruation. Improved under iron. Menses failed to appear on November 13, when they were expected, but came November 29, accompanied with severe pains in pelvis, similar to those of labor. Opium relieved. December 12, menses for five days. December 16, another attack of severe pain for which opium was given. No elevation of temperature or evidence of inflammation, although tenderness upon pressure was felt in hypogastric and right iliac regions, and *per vaginam*. A tumor was felt both externally and internally, closely associated with the uterus and upon the right side, presumed to be a tubal pregnancy. The uterus was enlarged and pushed forward. The tumor reached to within $2\frac{1}{2}$ inches of the umbilicus, and extended $3\frac{1}{2}$ inches to the right of the median line. Examination, though made with gentleness, excited pain, which soon became severe, and confirmed my suspicion of fallopian pregnancy. Dr. MacMonagle was called in consultation, and confirmed my diagnosis. Operation was decided upon and performed by him December 26th; uninterrupted recovery.

CASE II.—Mrs. M——, aged 27; one child 7 years old; no miscarriage. After child was 3 months old, had severe attack of nausea and vomiting at time of menstruation. This returned with each menstruation, and has continued ever since. Menstruation was very profuse, lasting 9 days during one year. Afterwards had a continuous watery discharge; was always very much prostrated during menstruation. On January 3, 1896, had a very slight flow of blood; flow disappeared and returned January 6. Ceased on the 7th. After very severe exercise on the 10th, had quite a free flow; continued until the 13th; on the 14th had severe pain in right iliac region; suffered for three hours; morphine gave temporary relief; on 15th pain became very severe and lasted three hours; relief without morphine. Returned at 1 P. M.; lasted about three hours; 16th and 17th, no pain; 18th, some continuous pain, and severe attack through the day called colic, and treated as such; vomiting, during this attack, in the morning; pain running down the leg; breasts enlarged and contain milk; areolae and papillae well marked; movement of bowels causes a feeling of distress and faintness. When walking, staggers at times, and cannot lie on either side without pain. Continuous thirst and very much depressed; no rise of temperature; abdomen enlarged and dull to $2\frac{1}{2}$ inches above the symphysis pubis, increasing more toward the right iliac region, and going above a line from the crest of the ilium. Vagina purple, cervix soft and velvety; os, patulous; uterus enlarged and pushed slightly to left; mass about as large as a mandarin orange in region of left ovary; mass as large as double fist in region of right ovary and fallopian tube; very tender all about the uterus; bowels constipated. Made diagnosis of ectopic pregnancy unruptured; operated, removing uterus and both fallopian tubes and ovaries. The right tube contained fetus; the left ovary contained pus. Patient made uninterrupted recovery.

CASE III.—January 21, 1896, M. W——, aged 27 years; single; two abortions; produced first when 19 years old; second when 22 years. Has been well and

regular since. Missed menstruation which should have come on December 1, 1895. Did not menstruate on January 1, 1896. Thought she was pregnant, and on January 14, 1896, consulted a doctor, who passed something into her womb to bring on flow. Felt severe pain on her return home; began to flow and fainted. Sent for family physician, who treated her until 21st, when I was called in consultation. She had been in bed from the 14th; irregular flow, some clots and membranes. On examination I found breasts enlarged, containing milk, areolæ and papillæ, well marked, abdomen slightly enlarged and tender in both iliac regions, vagina purple, cervix velvety, uterus enlarged and pushed to the right side, and a very tender mass in the region of the left tube, with strong pulsation over it. Gave ether to clear out the uterus and make a more thorough examination, when we concluded there was an ectopic pregnancy. Removed decidua membrane with the curette. After getting the consent of the family opened the abdomen and removed left ovary and tube containing ovum, etc. Patient made a good recovery.

CASE IV.—Mrs. J——, age 30 years, married 14 years. Two children, age 12 and 10 years. No miscarriage; menstruation regular and normal. Family physician called January 28; found her flowing. Pain like beginning labor; temperature, 101.2° F.; pulse, 100. Frequent urination and some tenesmus. February 2d had a chill; temperature, 104°; pulse, 118; pain in left iliac region. I was called in consultation; found temperature, pulse, etc., as above. Vaginal examination showed enlarged uterus and very tender mass in region of left ovary and tube. Made diagnosis of pus-tube. Operated in the morning and removed tube containing ovum and sac. The patient did not do well, getting an attack of cystitis, which I found was due to gonococci, no doubt carried from the vulva to the bladder by the catheter. This caused a great deal of trouble, and on the eighth day after the operation she had a chill. As I could not find any indication of pus, I concluded she had malaria. On large doses of quinine she improved. The cystitis has been very obstinate, but now seems cured, leaving her very much prostrated and broken in her nervous system.

From a review of the literature upon this important subject, and from my own experience with it, I desire to submit the following conclusions:

1. A large majority of ectopic gestations begin in some part of the tube.
2. Pain is an important and almost constant symptom.
3. A growing ovum must burst the tube.
4. Rupture must take place into either the peritoneal cavity or the broad ligament.
5. When discovered, ectopic pregnancy should be operated on as soon as arrangements can be made for a careful and perfectly aseptic operation.
6. An exploratory incision is justified when there is a reasonable assurance of ectopic pregnancy.
7. Rupture into the peritoneal cavity, with hemorrhage, demands operation at once.
8. The suprapubic operation is the best in a large majority of cases.
9. The vaginal operation should be chosen in the cases where one feels sure the mass is well walled off from above and can be easily reached from the vagina.
10. In doing the vaginal operation one should be prepared to complete it from above in case of complications.
11. Early operation and removal of the tube, sac and contents will give the best results.

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SHOULD WE TREAT PULMONARY TUBERCULOSIS AS A CONTAGIOUS OR AS A COMMUNICABLE DISEASE?†

BY S. A. KNOPF, M.D.,

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Your distinguished president desires that the question of the treatment and prophylaxis of tuberculosis shall be the subject of the discussions of this society for the next few meetings, and has honored me with the request to make the first communication. I will, therefore, introduce the question, "Should we treat pulmonary tuberculosis as a contagious or as a communicable disease?"

In order to be successful in the prophylaxis as well as the cure of any disease, we must first understand its true nature and then institute such measures as are feasible for its prevention. The true nature of such a common disease as pulmonary tuberculosis one might think would be thoroughly understood by all medical men and sanitary authorities. But the last few years which I have devoted almost exclusively to the search for knowledge in this direction, my visits to some thirty sanitariums, special hospitals, and celebrated health resorts for consumptives in Europe and America, and 300 letters of inquiry sent to prominent medical men previous to the publication of my book on this subject; (*) have convinced me of the vast, and I might say dangerous, diversity of opinion existing among the sanitary authorities and the medical profession at large regarding the treatment and prophylaxis of pulmonary phthisis. I will not inflict upon you the many curious opinions that have been told or written to me. I will only say that a large majority speak of consumption as a *contagious* disease; that is to say, a disease which is transmitted to others by *contact*. A moment's reflection, however, will show that pulmonary tuberculosis, *per se*, is no more contagious than gout or lumbago. The touch of a consumptive will not impart the disease. The product of his exhalation is no more toxic than that of a well man, as it never contains Koch's bacillus nor its spores. We all know that it is the bacillus alone, found in the saliva and in countless quantities in the expectoration, that is capable of reproducing the disease in another organism. The expectoration dried and pulverized and then inhaled is the important factor in the spread of the disease. It is thus communicated to others. Neither the giver nor receiver need ever have been in contact with each other.

You cannot classify pulmonary tuberculosis with any infectious or contagious

† Read before the Los Angeles County Medical Association, May 1, 1895.

(*) Les Sanatoria, Traitement et Prophylaxie de la Phthisie Pulmonaire—Par le Docteur S. A. Knopf. Paris—George Carré, Editeur.

(A synopsis of this book appeared in English in the *N. Y. Medical Journal*, Oct. 5 and 12, 1895.)

disease. Its mode of propagation is unique. It can only be communicated while other diseases may be infectious, contagious and communicable at the same time. Yet this one mode of propagation suffices to spread it to the extent that it is the cause of one-seventh of all the deaths recorded in our modern civilization. It may be said that it is better to class pulmonary tuberculosis in the list of contagious diseases so that the public may realize its great danger. Formerly I held the same opinion, but riper experience has taught me differently. To call consumption a contagious disease is not sufficient to guard against its danger, on the one hand, and on the other the word "contagious" conveys, to the public mind, the idea that contact with the patient is necessarily dangerous.

To illustrate the insufficiency of merely calling tuberculosis a contagious disease, let me tell you a little episode of personal experience. I was called in consultation to see a phthisical lady, and on our way my colleague told me how particular he had been to warn his patient of the contagious nature of her disease. On our arrival we found the young mother with a baby a few months old in her arms. She was preparing the food for her infant, which sacred duty she would intrust to no other. She had one spoon for herself and baby with which she tasted the food to judge of its palatability and temperature. She then told me that since the good doctor had told her her disease was contagious she had never once kissed her darling child. To the mind of this unfortunate mother it was the kiss alone, the direct contact, that was capable of transmitting the disease, and she restrained herself from caressing her child. But unconsciously she was conveying the bacillus in her saliva into the very food of her infant. In this case the word "contagious" did not mean enough.

But now let me tell you of an instance where it conveys too much meaning, where it becomes almost a social peril to call pulmonary tuberculosis a contagious disease. One of the most remarkable documents I have read in connection with sanitation, is the circular on consumption issued by the California State Board of Health, under the direction of its distinguished president and my esteemed friend, Dr. J. H. Davisson. I cannot speak too highly of the valuable and useful instructions it contains, but there is one passage to which I must take exception. It reads as follows: "Persons inheriting the liability to consumption should, above all things, avoid the presence and habitations of persons afflicted with consumption." Who are the persons inheriting the liability to consumption? They are the sons and daughters of tuberculous parents. And they should, above all things, avoid the presence and habitations of persons afflicted with consumption! If the parents are dead these children may be able to avoid others afflicted with pulmonary phthisis; but if the parents are living, and especially if in poor circumstances, it will be very difficult, often well nigh impossible, for them to avoid the presence and habitations of the unfortunate ones afflicted with the disease. And must we not take into account the moral and psychical element in the relation of parents and children in recommending such a measure? Would it not be easier to proclaim aloud, "Pulmonary consumption is not a contagious disease, but a very dangerously communicable one? In the expectoration and saliva alone is the great danger of imparting the disease to others. Be clean, religiously clean. Destroy the expectoration or other secretions which might contain the bacillus, and all danger of communicating the disease to others will be done away with."

Attached to the large sanitariums in Europe you usually find some smaller buildings where the relatives of the patients, who desire to be near, may live. They are often the children or brothers or sisters of the inmates of the sanitarium. They do not sleep in the room with a patient for the latter cannot afford to share his air supply; and they occupy another building, not that it would be considered dangerous for them to be present, but to leave the valuable room in the main

building for those who need the care and supervision of the physicians. They eat and associate with the tuberculous patients every day. It may be a surprising statement, but I do not hesitate to declare that, in a properly conducted sanitarium, it is beneficial for the sick and those dear to him to be near each other, even if the latter are predisposed to consumption. The unfortunate patient will not feel the loneliness of long separation from friends or relatives, and no one can deny how much hope and good spirits aid in the cure of any disease. Besides, the physician of the institution and the example of the patients will instruct those predisposed to consumption how best to avoid the disease.

While I was visiting Davos, Dr. Turban called my attention to his institution for "Prophylactiker," as he called it. There the children of tuberculous patients are taught breathing exercises and other health-giving gymnastics, and are instructed generally in hygiene, and above all, how not to become consumptive. I have lived myself for months in the midst of 150 tuberculous patients in all stages of the disease, taken my meals with them, slept in a room that had been occupied by some of them, and associated for days and weeks with no other persons than these and my three colleagues, one of whom was a convalescent consumptive himself. I can assure you I felt safer from the danger of inhaling the tuberculous bacillus while serving there as assistant physician in the Falkenstein Sanitarium, than I feel here in our streets, churches, theaters, hotels and Pullman cars.

In Goerbersdorf, the largest sanitarium for consumptives in the world, through which some 2,000 patients pass every year, the mortality from tuberculosis among the village people has decreased to a wonderful degree, thanks to the sanitary regulations which direct all attention to the destruction of the bacillus, and also perhaps to the good example set before the village people by the patients. To uphold this statement I reproduce the official statistics of the village of Goerbersdorf for a hundred years:

1790-1799.	Deaths from phthisis pulmonalis, 14.
1800-1809.	" " " " 5.
1810-1819.	" " " " 9.
1820-1829.	" " " " 9.
1830-1839.	" " " " 8.
1840-1849.	" " " " 6.
1850-1859.	" " " " 7.
1860-1869.	" " " " 4.
1870-1879.	" " " " 5.
1880-1889.	" " " " 5.

These statistics become still more interesting when one considers that the population of Goerbersdorf has doubled in the last twenty-five years. Recently Dr. Nahm has succeeded in compiling the statistics of the village of Falkenstein,* and there, also, since the establishment of the sanitarium in 1877 the mortality from pulmonary tuberculosis has been reduced one-half. From the years 1874 to 1876 it was 33 per cent. and from 1890 to 1894 only 15 per cent. At Saranac Lake, the great American Sanitarium, none of the 20 to 25 attendants have ever developed tuberculosis. The contraction of the disease by physicians, nurses or employees is almost unknown in these institutions. We cannot say the same of our general hospitals. We all know this to our sorrow, for how many of our youthful comrades have we not seen contract the disease during their service as internes in consumptive wards. Dr. I. H. Hanse, of New York, formerly assistant of Dr. Trudeau at the Adirondack Sanitarium, made a most interesting series of experiments by the inoculation of dust taken from two wards of a large city hospital and from the various cottages occupied by phthisical patients at Saranac Lake. His *modus operandi* was to inject 2 to 3 c.c. of sterilized water with the

* Munchner Medic. Wochenschrift No. 40, 1895.

dust in suspension. Of the guinea pigs inoculated with the dust of the city hospital 25 per cent. developed gradually tuberculosis and 55 per cent died of acute infection. Of those inoculated with the dust from the cottages 5 per cent. died of tuberculosis and 5 per cent of acute infection. The cause of the presence of tuberculous products in the sanitarium dust, which should be free at least from tuberculous bacilli, was ultimately discovered. A patient had violated the rules, and expectorated on the floor of one of the cottages from which the dust for the experiment had been taken (*).

But what makes a properly conducted sanitarium a place where there is the least danger of receiving the deadly germs of tuberculosis? Let me tell you in a few words what is done in such an institution.

Patients never expectorate except in a receptacle and all secretions are destroyed before they have a chance to do harm. Patients in the last stages, too weak to make use of the spittoon, are provided with moist rags, which are burnt immediately after use. Napkins and table utensils are boiled or disinfected after each meal. Besides this a scrupulous cleanliness is observed and all rooms and furniture so arranged that a thorough disinfection is easily carried out.

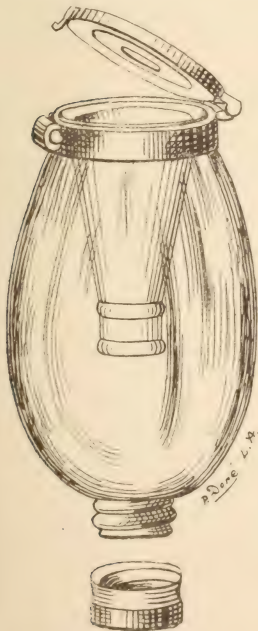
But I think the secret of prevention of pulmonary tuberculosis is really in the use of the pocket spittoon. A practical one you see here. It is named after its inventor, my honored teacher, Professor Dettweiler, the "Dettweiler-Hustenfläschchen." It is a pocket flask about four inches long and six inches in its largest circumference, provided with a hermetically closing top and bottom, and so constructed that it can easily be thoroughly cleaned. The touch of a spring causes the top to fly open to receive the intended deposit, and pressure of the lid causes it to close again with a snap.

If we can provide all our patients with such a flask, or a similar one, and teach them the laws of the communicability of tuberculosis we will be able to tell the relatives of the consumptive that they do not need to fear, for consumption is not a contagious disease. But we must impress upon the minds of the patients and their friends the danger of carelessness with the expectoration and other secretions.

With a proper hygienic and dietetic treatment and under the careful guidance of the physician we can hold out to them the hope of recovery in a goodly number of cases. It is our duty to consider and treat consumption as a highly communicable disease, and since a great many people are tuberculous without being aware of the fact, I think it

would be a good thing if the habit of expectorating anywhere except in a proper

*A study of the infectiousness of the dust in the Adirondack Cottage Sanitarium, by I. H. House, M.D.—*N. Y. Med. Record*, December 28, 1895.



receptacle could be stopped by some law. I hope and pray the time may come when expectorating in a handkerchief will be considered ill-mannered, expectorating on the street or on the floor of any public or private building criminal, and expectorating in a neat pocket-flask the sign of good breeding and refinement.

UREMIA.*

BY F. O. YOST, M.D., LOS ANGELES, CAL.

Bouchard has said that the animal organism is a "receptacle and laboratory of poisons" that "man is constantly living under the chance of being poisoned; he is always working toward his own destruction." He refers in these words to the familiar fact that, as a result of the metabolic changes which are constantly occurring in the animal body, substances are formed which are highly toxic. When as a result of some pathological process the organs whose duty it is to cast off these injurious products of metabolism become unable to do the work required of them the whole organism suffers. The kidneys, the greatest of the emunctories, furnish us naturally with the most striking illustration of these facts. When they become disabled there results a retention of excrementitious matter in the blood, which is followed in time by certain phenomena to which we apply the term uremic.

Efforts have been made to determine more exactly the cause of these phenomena. Various individual constituents of the urine have been blamed for the results. Thus have appeared Traube's theory of hydremia followed by edema and anemia of the brain, Wilson's hypothesis which considered urea the sole offending substance, Frerich's ammonemia theory, and the theories incriminating the extractives, the potash salts, etc. But no exclusive substance seems to be sufficient to explain the matter. The total toxicity of urine was found by Bouchard to be far in excess of that of any one of its constituents. Thus urea contributes but one-seventh or one-eighth of the total toxicity, coloring matters and allied substances two-fifths, while the mineral salts make up the remainder.

The symptoms of uremia may be divided into two groups, the minor and the major manifestations. In the first group we may put headache, vomiting and diarrhea, vertigo, drowsiness or stupor, dyspnea, transient paralysis, transient amaurosis, uremic deafness, aphasia, and sometimes even delusional insanity or mania. The major symptoms are two, viz: coma and eclampsia. The diagnosis of uremic coma is not always a simple matter—of course, in the cases in which the urine is loaded with albumen or when suppression exists, the inference is obvious. But it must be remembered that the symptoms arise from *renal insufficiency* which may actually exist when the patient is passing a considerable quantity of water and only a small amount of albumen, for the toxins may be retained in spite of the apparent effectiveness of the kidneys. The urine in such cases is found much less toxic than that of health. This point helps to explain the relative frequency of uremia in pregnancy. Here a comparatively slight lesion may mean a serious danger, for the system is forming more than the usual amount of toxic material, sufficient to tax the powers of even normal kidneys.

Treatment—In cases presenting the milder symptoms a strict milk diet with the judicious use of purgatives may put by more serious trouble. The salines with jalap are well suited to such cases. Diuretics and diaphoretics may be

*Abstract of paper read before Los Angeles Co. Med. Association, May 15, '96.

added. When eclampsia has supervened the therapeutic indications are, first, to promote the elimination of the toxins and, second, to quell the spasms. Venesection takes high rank as a means of removing the cause of the attack. It is certain that by free bleeding more toxic material can be removed in a shorter time than by any other method. The skin should be acted upon by the hot air bath or the hot wet pack. Pilocarpine is efficient but dangerous. Elaterium and croton oil are the most efficient means of acting upon the intestines.

Along with these measures must go means to quiet the convulsions. Chloroform is effective and prompt. Chloral and bromide are well-tried remedies. Veit's method was to inject half a grain of morphine with each seizure and he claimed wonderful results. Veratrum viride is warmly commended. It must be used in heroic doses, from five to twenty minims of the tincture repeated every half hour till the pulse is reduced to 60, after which the intervals may be lengthened. It may be used hypodermatically or by the mouth. When eclampsia develops in pregnancy and a considerable time before the normal completion of gestation, we may be justified in hesitating to induce premature labor indiscriminately, but when pregnancy is well advanced or labor has begun, the truly conservative course both for mother and child lies in promptly emptying the uterus.

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ABSTRACTS.*

COMMITTEE ON SURGERY.

C. L. Bard, of Ventura, chairman of this committee, presented a report on "The Climatic Surgical Advantages of Littoral Southern California." The territory included under the title of his paper bordered on the Pacific Ocean, extending from Point Concepcion to the Mexican boundary. He said that with the rapidly approaching attainment of perfection in the *technique* of aseptic operations the question will doubtless arise. By what additional means can the mortality be further reduced and convalescence be hastened? He believed it was not utopian to predict that the surgical advantages of climate will then command recognition. In presenting the claims of littoral Southern California, he was, perhaps, anticipating the era when surgical cases could be safely and rapidly transferred to those places whose peculiar and superior merits would be presented to the surgeon with as much zeal and enthusiasm as they now are to the physician. The speaker quoted several authorities in support of the position that climate and atmospheric conditions materially influence the healing of wounds, and that traumatic and post-operative wounds heal much more rapidly in tropical than in frigid regions. Neither the soil nor the climate of this region affords a suitable culture-medium for germs. The dryness of the atmosphere and the purity of the air were shown by the absence of putrefaction in dead animal matter, and the rapidity with which meat, fruits, etc., were dried and cured. Malaria was comparatively unknown; in fact, the speaker doubted whether there had ever been an authentic case of malarial poisoning that originated in the locality designated in his paper. The infrequency of ptomaine poisoning from meat, and milk decomposition, has been frequently noted as an additional argument. The glorious sunshine of this section was important from a germicidal point of view. The Signal Service, at San Diego, for the 12 years from '72 to '94, showed that out of 8,035 days, 7,445 were clear or fair. The aseptic superiority of this

* Abstracts of papers read before State Medical Society, Los Angeles, April, 1896.

climate was also largely due to the peculiarity of its winds. They are usually from the sea to the land, bringing, therefore, pure germ-free air from the ocean. The dry, harsh, east winds from the desert were the most objectionable features of this climate; yet, at the risk of being regarded as visionary, the speaker asserted that they possessed valuable germicidal properties, and were of a decided benefit from a hygienic point of view. The speaker then cited numerous instances of injuries and wounds in animals, and in man, all of which had recovered promptly without complication. The history of many operations that had been undertaken in the pre-antiseptic days, attended by a remarkably low rate of mortality, implied that the climate was largely responsible for the successful results obtained. In conclusion, he said when accurate reports of the results of operations performed here are compared with those from other localities the superiority and capabilities of this section would be fully appreciated. The history of surgery plainly showed the impress of climate, and justified the prophecy that Southern California, with its equable temperature, freedom from extreme heat and cold, its perennial sunshine, light rainfall, pure air and comparative freedom from germs, will become famous as a field for operative surgery—especially for conservative surgery, the surgery of the future.

THE HEALTH OF OUR GIRLS.

Charlotte B. Brown, of San Francisco, prepared a paper on this subject. The author said: The great number of invalids amongst women, and the multiplication of specialists in diseases of women, may well call the attention of physicians to its cause, and their duty towards the prevention of this disease in the earlier stages. During the last two years the writer found that one-sixth of the new cases in her practice had been girls and single women under 23 years of age. One-fourth of this number were teachers, typewriters, telegraph operators, and dressmakers, the rest mostly school girls under 19 years of age. The cases are similar in type and general history; tall and thin, or overgrown in flesh, but languid, easily tired, irritable, with back-ache, irregular menses, anemic and shallow, capricious appetites, dyspeptic, constipated. Examination of the cases shows, in general, a small uterus with endometritis, more or less profuse catarrh, frequently stricture of the internal os, and sometimes displacements. The need of local treatment in such cases is brief, but much time and thought should be expended to procure the proper adjustment of the whole machinery, and to prevent these girls from lapsing into special invalids for years. The author believed that the foundation for this ill health was laid somewhere in the schools, for California, with its climate, was especially favorable to young people. An inspection of the ninth grade of the grammar schools of San Francisco, during the past three months, shows several hundred girls of the age of fifteen. Twelve to thirteen years of age is the usual time in California for the establishment of the menses. This age corresponds to the seventh grade of the schools, and teachers find that girls rarely ask to be excused on account of dysmenorrhea. In the ninth grade the attendance was over 90 per cent., showing that mothers do not regard it as necessary to keep their girls home during the period. Evidently, the cause of the girls' ill health was to be sought elsewhere than in puberty. A list of questions was therefore prepared for the ninth grade of the grammar schools, and the first year of the high schools, and through the Boards of Education of Oakland and San Francisco the following questions were submitted to the girls, it being understood that their replies were optional: (1) Do you eat breakfast? (2) What does your breakfast consist of, generally? (3) Do you have a warm lunch? (4) At what hour do you go to bed at night? (5) Do you often

go to bed later? (6) What regular duties, if any, do you have at home, daily, in connection with house-work, or anything else, and how much time do they take? These were answered by 287 girls in Oakland, and 1,000 girls in San Francisco. In reply to the second question 386, or more than 33 per cent., answered, "coffee and bread, or roll and hot cakes." Thirty said "no breakfast," or "a glass of hot lemonade," or "coffee and cod-liver oil," or "hot gruel." The rest detailed the usual American breakfast. Four hundred and ninety-three, or nearly half the girls, eat a warm lunch, and 10 P. M. was the average hour of retiring for 1,000 pupils, 206 retiring after that hour. Five hundred and nineteen girls, or about one-half, report some duties in house-work, from fifteen minutes to three hours daily. Three hundred and fifty-nine girls carry on special studies in music, French, etc. The author inquired whether it was surprising that a sensitive girl, after studying too late at night, eating a poor breakfast, a cold lunch, and having but a small amount of exercise, should begin to suffer with the symptoms already recounted? All the more will this state of things maintain if a girl goes once or twice to the theater, or to a surprise party, and then tries to adjust lessons in study by taking time needed for exercise and meals. Two needs that occurred to the author in this connection were, first, the establishment in all towns and villages of out-door gymnastic fields especially for women; second, a building near the large grammar and high schools, to which shall be admitted girls from these schools for training in physical, manual and domestic science, as part of their regular school work. In conclusion, the author presented the following points for the consideration of physicians, and for general dissemination in the School Boards, of which they were so often members. (1) Rising early enough to fill one's lungs with pure air, after a suitable toilet, a cheerful, generous breakfast of material chosen on which to do four good hours' work before noon; that is, some home duty, a brisk walk to school, with three hours' of study. (2) A warm lunch, even if but a cup of cocoa or hot milk, or a bowl of soup warmed up, with the lunch-basket meal. Conveniences for preparing such a dish should be provided in every school, office or factory where human beings eat the noon meal, unless a place near by offers such food for a few cents. In some cities this want is filled by the New England Kitchen, which sends large receptacles of hot soup to the schools. The contents, too, of the lunch basket are worthy of inspection. (3) The great need of exercise and, besides the morning duties, an hour at least, after school, should be given to out-of-door sport. Errands, which were many times noted on my list of answers, are good; so is a bicycle ride, or out-door gymnastics, or a good walk, which should be felt not a duty but a pleasure. (4) No study allowed after 9 P. M., and every girl of 15 years should be asleep at 9:30 P. M., a later hour being permitted Friday or Saturday nights only; even then, not very often. (5) Urge upon parents that the social life of school girls should consist of afternoon entertainments, and almost never evening parties.

FOREIGN BODIES IN THE THROAT AND GULLET IN CHILDREN.

Joseph Kurtz, of Los Angeles, read a paper upon this subject. He said: It is remarkable that foreign bodies in the air and digestive passages are so little considered in current medical literature. The reason of this neglect was, perhaps, their very frequent occurrence, and the little importance attached to them. The result of this, he ventured to say, was, that but few physicians or surgeons are prepared to examine and correctly diagnose them. The majority of foreign bodies which find their way into the throat and gullet in children get there in the act of eating, but many others are the result of carelessness, or of that universal

bad habit of making the mouth a receptacle for things that should never be there. The diagnosis of a foreign body in the throat, or esophagus, of a very young child is, on account of the absence of any assistance on the part of the child, not an easy matter. Even where the statements of the patient can be relied upon, it is sometimes difficult to locate the foreign body. In the examination for a foreign body, it may even be necessary to use a general anesthetic; usually a cocaine solution spray is sufficient. A laryngeal mirror is very useful in finding small foreign bodies. With the finger we can thoroughly palpate the pharynx and upper part of the gullet. In the treatment of impacted foreign bodies in the pharynx and esophagus two principles should be observed: (1) No foreign bodies should be allowed to remain impacted. (2) No angular or pointed body should be forced downwards. The speaker added that all foreign bodies, whether soft or hard, round or angular, impacted in the pharynx, should be removed by extraction through the mouth, and if this is impossible, by pharyngotomy. Soft food masses, as bread, potato or meat, and round, hard ones, as marbles, are more easily forced into the stomach with the whalebone bougie than by extraction through the mouth. Of the various instruments used to remove foreign bodies; all conform to one of two types—forceps or hooks. These were then described under their particular designations. In the absence of any special instrument, the speaker said any physician could construct a very effective one by fastening a piece of dry compressed sponge, cut cone shape, with the base upward, to a whalebone. In case of failure to remove an impacted body with instruments, or should there be symptoms of perforation and abscess formation, no time should be lost; esophagotomy should be performed at once.

THE CARE OF PREMATURE AND FEEBLE INFANTS.

Adelaide Brown, of San Francisco, read a paper with this title. She said this subject had been brought very prominently to her attention during the past year, and she therefore desired to offer a few practical hints which had suggested themselves in the conduct of her cases. All authorities concede the principal points to be: (1) The securing of a temperature of 95° F., or slightly lower, about the child. (2) The preserving of its strength. (3) Its nourishment. In private practice these were problems. Statistics showed that the number of lives saved in lying-in hospitals were greater than in private practice. The speaker believed that this might be accounted for in the delay necessarily elapsing before an incubator could be procured. Materials to be found in every house would have answered this purpose, and the mention of her own improvisings might suggest other devices to her hearers. In the speaker's first case the patient, a Chinese woman, in the eighth month of pregnancy, was exhausted with hemorrhage from placenta previa before delivery. A cracker box filled with the soft absorbent paper the Chinese use, and a large hot water bag made a successful incubator, in which the baby was kept for three weeks, save when nursing, and did well. In the case of twins, delivered at the thirty-first week of pregnancy, one weighing 3 and the other 3½ pounds, the infants were wrapped in warm cotton, and placed in the upper portion of a large telescope basket lined with blankets, the other half of the basket lined with paper, was filled with bottles of hot water, and placed underneath, and a thermometer showed that the temperature could easily be kept at 90° F. by renewing a number of the bottles each hour. The children were subsequently provided with an incubator apiece, and in this apparatus they lived for six weeks constantly, and then for several weeks longer, at night. The fourth case, also a twin, at 36 weeks, weighed only 3 pounds. This infant, being born at

the Alexander Maternity, was at once placed in an excellent incubator formed like a double bath-tub, with a space between, holding warm water. The second point in the care of premature infants is the conservation of their strength. Too often the baby, owing to the anxiety of friends to see it, was exposed to changes of light and temperature, which, in the first days of its life, were very exhausting. The orthodox first bath was also an ordeal after a long and difficult labor when the infant really needed rest. A gentle rubbing with warm sweet oil was far better, and this course had been adopted in three of the speaker's cases. The costume of incubator babies should be as abbreviated as possible to avoid unnecessary handling. A diaper of cheese cloth and a small shirt was all that was worn. A cheese-cloth diaper is more absorptive and more easily dried. Every small point should be attended to, as very small matters interfere with and decrease the vital force of premature infants. The problem of feeding the premature infant was a difficult one. If the mother has, after three or four days, sufficient milk which flows readily, and, if the child will nurse, this is the ideal arrangement. An uncertainty, however, will always exist as to how much food an infant gets. They tire so easily that they often stop nursing from exhaustion. The speaker had used milk modified according to the Rotch formula, and pasteurized, alternating with the mother's milk, when obtainable. During the past year the speaker had used a modification of the Tarnier incubator with five full-term babies, and with great satisfaction. In conclusion, she said, "I would suggest for every new-born child, especially for the feeble and premature, the same restriction and quiet that its mother enjoys, at least until its nutrition is established. The cautious use of baths during this time is important; oil and sponge baths should be substituted for the ordinary tub baths, and the use of some means of preserving an even and elevated temperature about the child for this same time."

A STUDY OF RACHITIS IN CALIFORNIA.

Dr. Harry M. Sherman, of San Francisco, presented a paper on this subject. The paper called attention to an increase, noted by the writer, in the relative number of cases of rachitis he has seen in the past two years. At the San Francisco Polyclinic, in the orthopedic clinic, the number of cases of rachitis, in children under 8 years of age, had been in 1893 7.8 per cent., in 1894 24 per cent., in 1895 32.6 per cent.; in the writer's private practice, in similar aged cases, there had been, of rachitis, in 1893 6.3 per cent., in 1894 23.25 per cent. and in 1895 47.6 per cent. From correspondence with other physicians it was shown that the disease existed all through the State in moderate amount, that bad hygiene plays a minor part as a causative agent, and that most cases are due to errors of diet—that of these the chief error is the feeding of artificial foods. The idea that the disease was hereditary, was objected to by the writer. Analysis of artificial foods, showing their variations from woman's milk were quoted. The opinion was expressed that all children fed on these were potentially or actually rachitic and had not their best chance in the struggle for existence. Modified cow's milk, as by Rotch's formula, so that the proportions of the major ingredients corresponded to their proportions in woman's milk, was advised as the best substitute for woman's milk. The only drug mentioned as being of value was phosphorus. Some cases of scorbutus of infants, a succedaneum of rachitis, were mentioned. The importance of a thorough examination of infants was urged, and the claim was made that, if this was done, rachitis would be found to be the underlying cause of many cases of general malnutrition and that its discovery, or that of any definite condition, would give point to treatment.

ACUTE UTERINE INVERSION.

Walter Lindley, of Los Angeles, read a paper upon this subject. He said while this accident only occurred in about 1 out of 290,000 confinements, yet as it was liable to be encountered by any physician, he felt that a recent experience of his own would be interesting. The patient was a primipara, labor normal but tedious. He waited 10 minutes before taking any steps towards expelling the placenta. He then grasped the fundus through the abdominal wall and began using very moderate friction. The uterus contracted for 3 or 4 minutes and then suddenly disappeared, at the same time the placenta popped out and there was alarming hemorrhage. Calling for a hypodermic of ergot and for the hot water douche, he attempted to pass his left hand into the vagina, but was met by a large tumor at the introitus, and at once realized that he had to deal with an inverted uterus. The hemorrhage being profuse, without loss of time he coned his left hand and made steady pressure against the center of the inverted fundus. By steadily pushing with this hand and making counter pressure through the abdominal wall with the right hand, the uterus was soon returned to its normal relations. There was, however, complete inertia, and the bleeding continued in an alarming manner. As the patient had already taken ergot hypodermically, and by the mouth, hot water was at once turned into the cavity, friction meanwhile being made with the right hand through the abdominal wall. Notwithstanding this the hemorrhage continued and the patient's condition was becoming critical. Six ounces of acetic acid were then added to 3 quarts of hot water, and on the first contact with the acid solution the uterus began to contract and the hemorrhage ceased. Patient's recovery was rapid and uneventful.

SELECTED.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

VAGINAL LIGATION OF THE BROAD LIGAMENTS. (*Jr. Amer. Med. Ass'n.*, Apr. 22, '96.)—Dr. F. H. Martin: To stop the nutrition and growth of interstitial fibroids, the mucous membrane of the vagina at the utero-vaginal fold on the left side is caught with a tenaculum and incised with a pair of curved scissors. One blade of the scissors is allowed to enter beneath the mucous membrane and a curved incision one and one-half to two inches long is made over the broad ligament and at right angles to it. By means of the index fingers of the two hands the operator now separates the vaginal tissue from the broad ligament in front from the bladder for a height of two inches and laterally for nearly the same distance. The bladder should be carefully separated in this way in order to avoid the danger of wounding this organ and by pushing the separation laterally the ureter is forced out of danger. One then carefully separates the broad ligament posteriorly to the same height as in front, without, if possible, penetrating the peritoneum. Now, by passing one finger behind the other in front, the whole base of the broad ligament, representing two-thirds of its bulk, can be grasped for a distance of an inch to an inch and a half from the uterus. In this grasp one can easily feel the throb of the main trunk of the uterine artery, and occasionally several branches. The curved pedicle needle is then passed, armed with No. 10, strong pvoktaninized catgut or kangaroo tendon, and

guided by the index finger of the left hand is made to penetrate through the broad ligament. The ligature is drawn through, the needle removed and the base of the broad ligament is thoroughly ligated at a distance of one inch or more from the uterus. The ligature is cut short, leaving it buried in the tissues of the ligament. The other broad ligament is now treated in the same manner, and the vaginal incisions accurately approximated with catgut so as to completely bury the broad ligament sutures.

ESKIMO MENSTRUATION.—Dr. Cook, who was with the Peary expedition, says the Eskimo girls do not begin menstruating until they are 18 or 20 years of age.

INTESTINAL REPLACEMENT. (*Jr. Amer. Med. Ass'n.*, Jan. 11, '96.)—Dr. J. B. Murphy: Surgeons of experience well know how difficult it is to replace the bowels after they have been out for a considerable time during an operation even when protected by hot applications. The causes of this difficulty are: 1. Usually before the operation the bowels are full of gas (tympanitic) from the diseased condition demanding the operation. 2. During the exposure the intestinal wall becomes edematous and a large transudation of fluid into the intestinal canal takes place. The bowel when eviscerated is light and its walls thin and pliable, in half an hour it becomes heavy and sodden, resembling sausage. These changes make it difficult to replace the intestine into the abdominal cavity. Some operators resort to puncture of the bowel to relieve the distention and thus facilitate the replacement. In a number of cases I have used the following method of returning the bowel. Cover the entire intestinal mass with a hot towel, placing the edge of the towel inside the margin of the wound all the way around. This acts as an artificial abdominal wall and resembles an enormous ventral hernia with a large neck or opening. The operator and assistant then press or work the edge of the towel under the wall on all sides, with the fingers, at the same time elevating the abdominal wall with retractors, and thus force the mass down to a level with the abdomen. The reduction is effected in this manner as easily as a hernia is reduced after the ring has been enlarged. The sutures are then inserted and as they are tied the towel is gradually withdrawn.

INDICATIONS FOR INDUCTION OF ABORTION. (*Medicinische Neuigkeiten*, No. 45, 1894.)—Dr. Jeffé, from a study of the literature of the last ten years, fixes the indications for inducing abortion as follows:

Absolute indications—

1. Uncontrollable vomiting of pregnancy.
2. Incarceration of the gravid uterus.
3. Obstruction of the pelvic outlet by tumors or exudates.
4. Progressive and pernicious anemia.
5. Grave chorea.

Relative indications—

1. Great contraction of the pelvis with the conjugata vera below 5 cm.
2. Pulmonary emphysema with signs of degeneration of the heart.
3. Nephritis, especially with eclampsia.
4. Chronic heart disease.
5. Other general diseases of the mother which would jeopardize her life at the time of delivery.

He holds that a conjugata vera of 6 cms. and advanced pulmonary tuberculosis should not be regarded as indications for abortion. He does not think it just to sacrifice a future life for one that is "certainly lost."

QUIZ QUESTIONS.—The following is a written review examination recently used with the senior class of the Medical College of the University of Southern California:

1. Describe the source and course of the arteries supplying blood to the uterus.
2. Describe the method of curettage.
3. What are some of the objects of curettage?
4. (a) What is the difference between ovariectomy and oophorectomy?
(b) What is the usual object of the latter operation?
5. Where there is collapse from loss of blood what means would you employ to revive your patient?
6. (a) What are the four chief positions in which a patient may be placed for examination or operation?
(b) Describe them.
7. (a) What is the normal quantity of urine a patient should pass in twenty-four hours?
(b) Describe method of raising quantity to the normal before operation.
8. Define menorrhagia and metrorrhagia. Name some of the causes.
9. (a) What is sub-involution?
(b) Name some of the causes of sub-involution. Name some of the effects of sub-involution.
10. What is ovaritis? What are the chief symptoms of ovaritis? What is the treatment of non-suppurative ovaritis?

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES
OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA.

THEOSINAMINE IN CORNEAL OPACITIES. (*N. Y. M. J.*, May 2.)—Tousey: The drug is made by mixing two parts oil of black mustard seed, one of alcohol and seven parts of aqua ammonia. Its therapeutic application in clearing up corneal opacities has been attended with almost perfect success in the hands of all investigators. Hebra had a patient who, before the injections, could hardly avoid collisions on the street, and afterwards vision increased so that he could tell the direction of the wind by the weather vane on the city hall tower in Vienna. He and Richter report a number of such cases. The cases for which it is unsuitable are those in which a vestige of inflammation is still present and might be started up again.

FOREIGN BODIES: TO REMOVE FROM THE EYE. (*Q. Med. Times*, April, '96.)—Huntington: A cinder can be easily removed by placing one finger on the upper lid and gently rubbing it from side to side.

Cameron: Take hold of the lashes of the upper lid and draw the lid down as far as possible and work the eye ball two and fro.

The writer agrees with Dr. Gill that the best instrument is a little cotton on a toothpick.

BEGINNING OF SENSE OF SIGHT IN NEW-BORN. (*Am. O. & O.*, April.)—Steiner found in cats and dogs that the visual centers could be excited on the fourteenth to fifteenth day. Von Rachlman found that children began to see about five weeks after birth, but not to observe objects until about the fifth month, and that the the visual centers are not fully developed until this time.

CORNEA, ULCERATION OF—A 50 per cent. solution of lactic acid is recommended as a local application. Inflammation and photophobia disappear and an eschar which forms falls off at the end of three or four days.

THE FINGER IN DIAGNOSIS OF DISEASES OF THE THROAT AND NOSE. (*Med. Rec.*, April.)—Kohn pleads for greater use of the finger in diagnosis in most of the troubles that occur in the throat and nose.

AMBYLOPIA DURING LACTATION. (*An. O. & O.*, April, '96.)—Heinze reports three more cases of optic neuritis occurring in nursing women from the hospital (2) and private (1) practice of Prof. Fuchs.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

April 17, 1896.

The second regular April meeting was called to order at 8:15 P. M. by the president. Dr. Brainerd stated that he had been unable to secure a paper, every one excusing himself until after the State Medical Society. Dr. Praeger then took the chair and Dr. Brainerd reported the following interesting case:

March 27, a school girl, aged 14½ years, large, well developed, in usual good health, arose a little early to meet a friend who was coming on the train. During the morning they played and romped, running a foot race of about 300 feet. At noon she felt a slight numbness in the right hand with slight pain under right shoulder of brief duration. She succeeded in dressing after dinner, but before 2 P. M. could not raise either hand; there was no pain anywhere, but complete loss of motion and sensation and in both upper extremities. Temperature, 99½° and pulse rapid.

At 5 P. M. there was loss of motor power and sensation of lower extremities, and in a few hours loss of control of sphincters—everything paralyzed below the fifth cervical nerve. There was loss of all reflexes and electrical actions. At 8 P. M. temperature was 101°; the maximum, 102°, was reached on third or fourth day.

I saw her a week after the attack. Temperature was normal, sensation beginning to return in right arm; tactile, temperature and muscular sense recovering; sphincters beginning to hold; electrical reactions fairly normal; no reaction of degeneration; atrophy of limbs slight; no trophic changes unless a mild cystitis was due to that cause.

The attending physician had thought it an unique case of anterior poliomyelitis and many things point that way, but it would have been followed by reactions of degeneration in the paralyzed limbs at the end of a week and there would have been less sensory disturbance.

The condition may perhaps be explained by a meningeal hemorrhage occurring at the sixth cervical nerve, the blood trickling down to the lowest part of the cord, as the patient retained the upright position for a few hours. The temporary symptoms would then be due to the presence of the blood and the persistent symptoms to the damage done to cord by pressure. There were no evidences of hysteria; she was somewhat frightened the first day, but afterwards was tranquil, not realizing the gravity of the situation.

The following were elected to membership: Drs. D. W. Edelman, C. F. Taggart, C. W. Fish, Wellington C. Burke, F. A. Sanborn and Merritt Hitt.

May 1, 1896.

The first regular May meeting was called to order at 8 P. M., by the president, Dr. Brainerd.

Dr. S. A. Knopf read a paper entitled, "Should we treat consumption as a contagious or as a communicable disease?" (page 172.)

The discussion was opened by Dr. J. H. Davisson, who said: "I am in accord with Dr. Knopf's views. There is carelessness in the use of the terms, contagious, infectious and communicable. People in general understand contagious when they do not understand the other terms. The document issued by the State Board of Health was gotten up for the laity.

It is a fact that from 1-7 to 1-6 of the human race die of tuberculosis; it is definitely settled that it is due to germs which, if planted in the air passages of the susceptible, will produce tuberculosis. It has been demonstrated that it is not inherited, but one may inherit a susceptibility. It has also been demonstrated that we may safely live in the closest relations with tuberculous patients provided there is perfect sanitation; the difficulty is that very few people have such sanitation. Papers should be written to put people on guard to prevent spread of the disease. I think, in time, there will be legal restrictions—the patient will not be quarantined, but there will be regulations as to public buildings, etc. Treatment will be different from that in the past. I would favor the carrying out of a perfect system of sanitation and would be glad to give aid to such a plan."

Dr. A. Davidson: I think as physicians we may be thankful for this subject—it gives us something to talk about. It may also have its advantages in weeding out the weakly members of the race. A great deal of nonsense has been talked about expectoration—the idea is that if a consumptive expectorates on the ground, it is soon floating in the air. The sunshine destroys the bacillus. The experiments on guinea pigs have been made with dust taken from dark corners where the sun never shines. It is said the bacilli are not diffused through the air unless dried, yet, in damp countries where it never dries, we have consumption. There are objections to herding patients together—the best place would be in a desert. An individual in the open air is not so susceptible; no sanitarium in California is of any use that has a roof. The medium of contagion is milk—think if we had never had cows we would not have consumption. Our aim should be to raise the standard of health and the bacilli will not breed.

Dr. E. A. Praeger: To get the public into a condition to resist tuberculosis will require time. Think Dr. Davidson will agree that there should be legislation on the subject, as its communicability is proven beyond the shadow of a doubt—think it is criminal to spit about on pavements.

Dr. G. W. Lasher: The best way to convince a patient is to show him the bacilli—he will then be more careful. It is best to supply every consumptive with a flask for sputa. Many have consumption who do not know it and so scatter it far and wide. Dr. Davidson says it is communicated through milk; this may be true, but many countries are healthy until the consumptives come—this is the history in Egypt and this country. There is no question but that the bacillus will produce tuberculosis and nothing else. We should do something to prevent its spread; every doctor should instruct his patients. Dr. Davidson asked if Dr. Lasher knew of cases where disease was contracted by natives who had not changed their mode of living.

Dr. Lasher replied that he did, and referred to the native residents of Asheville, North Carolina, before and after it became a resort for consumptives.

Dr. C. E. Winslow: In New Mexico a death from consumption was unknown among the natives until after patients came in there by hundreds. The natives then began to have consumption without having changed mode of living (some had). It is true milk is a medium and we should pay more attention to it. In curative medicine we have fallen short, so we must look to hygienic and tonic treatment to prevent.

Dr. W. W. Hitchcock: We must educate the people before we can get laws. In the meantime, we must do more to prevent; to get resistance, we must start at the foundation and have the physical wants of children looked after as well as the mental.

Dr. Wm. Dodge: The National and State governments spend money in prophylaxis of disease of animals, but nothing to prevent spread of tuberculosis in man. Consider what the death of 100,000 people a year means! They will probably average two years of invalidism, entailing the loss of wage-earning capacity for that time, beside the expense of illness. Go at it from a financial rather than a humanitarian standpoint in working for legislation, and you will get a hearing.

Dr. Barton Dozier: Native Indians not predisposed, if transferred to civilized homes, will develop consumption. I took a healthy Indian girl, ten years old, into my family and in two years she died of consumption. Squaws who marry white men almost invariably die of consumption, and their children are susceptible to the disease.

Dr. M. F. Price: I think Dr. Davidson is correct, that the true sanatorium is out-of-doors. I have spent some time on the desert, and wish to report the case of a Mexican girl, with hemoptysis. She had always lived on the desert, had not changed mode of living, never had a cow, but lived close to a resort for consumptives; the bacilli had been deposited in the dust and so reached her.

Dr. Davidson: While I differ from Dr. Davidson in regard to sputa, I agree with him as to the milk. Tuberculosis is very prevalent in cows and very much more care should be used. A cow may be tuberculous as the State Board of Health found by experimenting on cows at Stockton, without any evidence in the milk.

Dr. Knopf: I should like to define immunity in regard to tuberculosis as follows: A man is immune when healthy and when his nasal secretions are bactericidal. Do not tell people to avoid consumptives. I am surprised that Dr. Davidson questions the importance of care in expectoration. The sun will destroy the bacilli, but they are not always exposed to its rays. In wet countries, although soil is damp, the rooms are dry and sputa can dry and be diffused through air. In response to a letter of inquiry, Dr. Balestre, medical director of Nice, wrote: "It is of public notoriety that Nice, and especially Mentone, have seen the number of their tuberculous patients increase in an enormous proportion since consumptives have frequented these resorts." Milk is a medium but not *the* medium. Dried sputa is *the* medium of contagion. "You can accomplish most if you tell the patient the truth; convince of danger, the possibility of cure and the necessity of taking care. The treatment consists largely in hygiene and graduated exercise. I am an enthusiast for sanitariums, but the same treatment can be applied at home. Dr. Hitchcock's suggestion is one of my pet ideas and if I established a sanatorium, I will have a secondary establishment for training children and those predisposed to the disease, in respiratory exercises, not to be afraid of cold water, etc.

ROSE T. BULLARD, *Secretary*.

RELATIONS OF MEDICAL EXAMINING BOARDS TO THE STATE, TO THE SCHOOLS AND TO EACH OTHER.

Dr. William Warren Potter, of Buffalo, President of the National Confederation of State Medical Examining and Licensing Boards, chose this title as the subject of his annual address at the sixth conference of this body held at Atlanta, May 4, 1896.

He said there were three conditions in medical educational reform on which all progressive physicians could agree—namely, first, there must be a better standard of preliminaries for entrance to the study of medicine; second, that four years is little time enough for medical collegiate training; and, that separate examination by a State Board of Examiners, none of whom is a teacher in a medical college, is a prerequisite for license to practice medicine. It is understood that such examination can be accorded only to a candidate presenting a diploma from a legally registered school.

He further stated that a high school course ought to represent a minimum of academic acquirements, and that an entrance examination should be provided by the State for those not presenting a high school diploma or its equivalent.

He did not favor a National Examining Board as has been proposed, but instead thought all the States should be encouraged to establish a common minimum level of requirements, below which a physician should not be permitted to practice; then a State license would possess equal value in all the States.

In regard to reciprocity of licensure, Dr. Potter thought it pertinent for those States having equal standards in all respects to agree to this exchange of inter-State courtesy by official indorsement of licenses, but that other questions were of greater moment just now than reciprocity. Until all standards were equalized and the lowest carried up to the level of the highest, reciprocity would be manifestly unfair.

He urged that the States employ in their medical public offices none but licensed physicians. This, he affirmed, would tend to stimulate a pride in the State license, and strengthen the hands of the boards.

He denied that there was antagonism between the schools and the boards, as had been asserted. He said that both were working on parallel lines to accomplish the same purpose, that there could not possibly be any conflict between them and that they were not enemies but friends.

The medical journals of standing from one end of the country to the other, he affirmed, were rendering great aid to the cause of reform in medical education, and the times were propitious.

He concluded by urging united effort by the friends of medical education saying that "the reproach cast upon us through a refusal to recognize our diplomas in Europe cannot be overcome until we rise in our might and wage a relentless war against ignorance, that shall not cease till an American State license is recognized as a passport to good professional standing in every civilized country in the world."



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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

AN UNEXPECTED CONFESSION.

An open confession is good for the soul. The *Los Angeles Times* is always ready to confess other people's failings as the following quotation shows:

"The *Express*, in its issue for May 20, 1896, indorses a certain remedy in glowing terms. It says:

"'In all forms of stomach trouble ——'s Dyspepsia Cure will promptly cure where there are such symptoms as pain or soreness in the stomach, indigestion or distress after eating, pressure and fullness in the stomach, shortness of breath, poor appetite, coated tongue, sour or bitter raising from the stomach, heartburn, wind on the stomach, constipation, dizziness, faintness and lost energy. When these symptoms are associated with biliousness, yellow-coated tongue, nausea, bitter taste in the mouth and sallow skin, take ——'s Liver Cure in alternation with the Dyspepsia Cure," etc., etc.

"In another able article, printed on the same page, the *Express* cordially indorses a certain make of electric belt, which it declares is a sure cure for certain disorders that "drain the vital powers in that

slow, treacherous manner which leaves no sign of its terrible effect until the awful work is done—until the whole nerve force, the foundation of mental, physical and vital strength, is undermined and manhood destroyed."

"Now, the great and vital question is, Are those statements true? If not, where is the reader of the *Express* to draw the line between what is true and what is false in its columns?

"Is it actually true that the specific referred to will promptly cure heart-burn? Will it incontinently knock out "wind on the stomach?" Is it an unfailing specific for "dizziness," "lost energy," etc.?

"And is it really true that the electric belt indorsed by the *Express* is a dead-sure cure for "lost manhood?" Or is the *Express* deliberately selling its columns to deceive the public? If so, who pays the freight?

"Sad to relate, there are strong reasons for suspecting that the editor of the *Express* is trying to deceive the public. For how could he so positively attest the curative virtues of the remedies referred to unless he has personally tested them?"—*Times*, May 21.

In order that our readers may know the remedies which the *Express* is so glowingly advocating for the purpose of deceiving the public, we will quote from the *Times* the advertisements of the concerns above referred to, the names of which for financial reasons they omitted in the above editorial.

"Dr. Sanden's Electric Belt is absolutely warranted to be the most sensible, convenient electric appliance made for self-treatment. With its even, continuous electric power going into the body all night, while you sleep, it soaks your nerves and blood full of vitality. With this vitality in the body disease cannot exist, and a cure of every manner of complaint must follow."—*Times*, May 20.

"The Munyon remedies act instantly, giving relief after the first two or three doses, and effecting a rapid cure even in the most obstinate cases. There is a separate Munyon Remedy for each disease and each specific has plain directions, so there can be no mistake. If you are ailing read Munyon's Guide to Health; it will describe your disease and tell you how to cure yourself with a 25c Munyon Remedy. If you find you have rheumatism, take Munyon's Rheumatism Cure and your pains and aches will be gone in a few days. If you have stomach trouble, take Munyon's Dyspepsia Cure; for a cold or a cough, the Cold Cure or the Cough Cure, and so on. No matter what the disease, you can be absolutely certain of a cure if you take the remedy recommended."—*Times*, May 21.

Now, we wish to know if the *Times* also "is deliberately selling its columns to deceive the public;" if in its desire to get even with a rival it unwillingly told on itself; or if while the editor was away some subordinate plucked up enough courage to tell the truth; and if the *Times* will stand by the principles involved in the foregoing utterances.

Either the *Times* must drop its notorious quack advertisements or submit to its own verdict of *trying to deceive the public*.

THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The seventeenth semi-annual meeting of the Southern California Medical Society will be held in Pomona, June 10th and 11th. An interesting program is promised. Every member of the regular profession in Southern California should be a member of the District Society and endeavor to be present at the meetings. We hope the Society will receive many recruits from Pomona Valley at this session.

OCCIDENTAL MEDICAL TIMES.

We are indebted to Dr. J. H. Parkinson, of the *Occidental Medical Times*, for reports of State Medical Society. The May issue of the *Times* contains a complete report of abstracts of all papers presented, with discussions in full.

EDITORIAL NOTES.

Dr. S. A. Ellis has recently located in Azusa.

Dr. C. C. Browning, of Highlands, has gone to Seven Palms with the hope of regaining his health.

Dr. J. P. Kaster, of Albuquerque, N. M., superintendent of the Atlantic and Pacific Hospital Association, spent several days in Needles this month attending Dr. Booth, who has been very ill but is now recovering.

The Yavapai Medical Association, Arizona, has by a vote of three to two suspended a brother member from active membership in the association on the charge that he "advertised."

Dr. J. H. Lowry, of Arizona, has removed to Jimenez, Mexico, a city of 8,000 inhabitants. In his departure, Azusa and community lose a valuable citizen, both from a professional and social point of view.—*Pomotropic*.

The Dental Association of Los Angeles County invited the Pasadena Medical Society to meet with them at their last meeting. The subject for discussion was "The Uses of Electrolysis and Cataphoresis in Surgery and Dentistry," the principal address being made by Dr. George S. Hull.

Dr. Geo. S. Hull, who has spent the winter in Pasadena, has returned to his home in Chambersburg, Pa.

The Orange County Medical Association held its last meeting in the office of Dr. W. B. Wood, who read a paper on diabetes. The business session was followed by a banquet provided by the host.

Dr. Geo. Deacon, of Pasadena, has gone East for a trip of about six weeks.

Dr. J. E. Cowles has gone to Mt. Clements Springs, Mich., in search of health. Dr. Cowles has had a tedious attack of inflammatory rheumatism and we hope he will return fully recovered.

Dr. Thos. H. Sabin, of Mesa City, Ariz., has been appointed as Territorial prison physician, Dr. P. G. Cotter, of Yuma, having tendered his resignation. Dr. Cotter has held the position for several years, and always gave full satisfaction both officially and professionally.

Dr. H. E. Stroud, of Phoenix, has been appointed as surgeon general of Arizona, a position lately vacated by the resignation of Dr. Helm.

Dr. C. W. Brown and family will leave the latter part of this week for Livermore Falls, Me., where they go to reside permanently. They have been residents of Pomona for about twelve years, and have many warm personal friends who regret their departure.—*Pomona Times*, May 13.

Dr. S. F. Smith, of Bakersfield, and Dr. M. De L. Allen, of Delano, have been appointed emergency surgeons for the Southern Pacific.

Dr. Norman Bridge and wife will sail from New York for Europe June 3rd. They will first go to Rome, thence north through Germany and Switzerland, remaining away about six months.

Dr. H. E. Vreeland has located permanently at Lancaster. He has been appointed Health Officer for that portion of the county.

Dr. W. P. Ferguson has been appointed City Health Officer of Santa Ana, vice Dr. Scheurer resigned.

BOOK REVIEWS.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY; being a year y digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text books of the leading American and foreign authors and investigators collected and arranged with critical editorial comments by various authors under the general editorial charge of Geo. M. Gould, M.D. Profusely illustrated with numerous wood cuts in text and thirty-three half-tone and colored plates. Philadelphia. W. B. Saunders, 825 Walnut St. 1896. Cloth, \$6.50; half morocco, \$7.50.

This is a summary of medical progress of the year, made after a careful consideration by trained experts, who not only exhibit skill in selections but pronounce decisions on proposals, thus doing just what the general practitioner needs—formulating an authoritative opinion. Of the various epitomes the reviewer regards this as the most judicial he has seen, it being much more than a mere collection. That such would naturally be the case any one might judge from the following list of authors and subjects:

General Medicine, Wm. Pepper and Alfred Stengel, Philadelphia; Surgery, W. W. Keen and J. C. Da Costa, Philadelphia; Obstetrics, B. C. Hirst and W. A. N. Dorland, Philadelphia; Gynecology, J. M. Baldy and W. A. N. Dorland, Philadelphia; Pediatrics, Louis Starr and T. S. Wescott, Philadelphia; Nervous and Mental Diseases, A. Church and H. S. Patrick, Chicago; Dermatology and Syphilis, W. A. Hardaway and C. F. Heisman, St. Louis; Orthopedic Surgery, V. P. and H. W. Gibney, New York; Ophthalmology, H. F. Hansell, Philadelphia, and C. F. Clark, Columbus; Otology, C. H. Burnett, Philadelphia. Diseases of the Nose and Larynx, E. Fletcher Ingals and T. M. Hardie, Chicago; Pathology and Bacteriology, S. Guiteras and D. Reisman, Philadelphia; Materia Medica, H. C. Griffen and Van Horne Norris, New York; Anatomy, C. C. A. Hamann; Physiology, I. N. Stewart, Cleveland; Hygiene, Medical Jurisprudence and Chemistry, Henry Leffmann, Philadelphia.

To single out one article and give it a critical review would take up a good deal of space. Under Pathology the section on Toxins, Anti-toxins and Sero Therapy contains much of great value and gives the reader a summary of excellent merit on the most interesting topic in modern medicine. There are many facts which entirely escape the general practitioner, which, however, may become his by reading so valuable a work as the American Year Book. How many physicians are aware that the adrenals secrete a substance of great physiologic importance for maintaining the tonicity of the muscular tissues in general and particularly of the heart and arteries? (page 1098). While the entire profession are cognizant of the curative properties of thyroid extract in myxedema, but few are aware that it has been successfully employed in tetany (page 616.) Both these points were new to the reviewer, and he merely mentions them to show how minute has been the search after the new facts of medicine. There are nearly 1,200 pages. The style is the same as the other excellent "American" series, and it is a fitting companion to Peppers' System of Medicine, Starr's Diseases of Children or Keen and White's Text Book of Surgery. As a reference book this will be frequently consulted. We are pleased to note that it is the intention of Saunders to publish a like volume every year, and we hope that each edition will hold to the standard of excellence set by the initial number.

REGISTERED MORTALITY OF LOS ANGELES. WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

April, 1896.

ESTIMATED SCHOOL CENSUS, 1895, 20,084.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY						RACE	
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....	130	16.68	83	50	27	12	68	32	134	3	4	
Deaths under 5 years.....	27											
i. Specific infectious diseases.....	20	3.48	10	13	4	3	13	9	28	1		
ii. Diseases of the digestive system.....	7	.81	6	1			4	3	7			
iii. Diseases of the respiratory system.....	40	4.80	20	21	11	1	18	7	35	2	3	
iv. Diseases of the nervous system.....	6	.72	4	2	1	1	3	1	6			
v. Diseases of the circulatory system, blood and ductless glands.....	14	1.68	8	6	3	1	5	5	14			
vi. Diseases of the genito-urinary organs.....	13	1.59	12	1	1	1	11	1	13			
vii. Constitutional diseases.....	5	.60	3	2	1	1	3		5			
viii. Intoxication, violence, accidents.....	9	10.8	8	1			0	2	9			
ix. Miscellaneous diseases.....	16	1.92	7	9	6	1	5	4	15		1	
i. Septicæmia.....	1	.12	1					1	1			
Diphtheria.....	1	.12		1		1			1			
Erysipelas.....												
Typhoid fever.....	3	.36	2	1		1	2		2	1		
Malarial fever.....												
Scarlet fever.....												
Measles.....	3	.36		3	2		1		3			
Pertussis.....												
Tubercular Meningitis.....	3	.36	3		1		2		3			
Meningitis.....	1	.12							1			
Tuberculosis.....	14	1.68	7	7	1	1	5	7	14			
Influenza.....	3	.36	2	1			2	1	3			
Dysentery.....												
Syphilis.....												
Tetanus.....												
ii. Gastritis.....												
Gastro-enteritis.....												
Enteritis.....												
Enterocolitis.....												
Appendicitis.....	2	.24	1	1			1	1	2			
Cholera infantum.....												
Peritonitis.....	1	.12	1				1		1			
Intestinal obstruction.....	1	.12	1					1	1			
Diseases of the liver.....	3	.36	3				2	1	3			
iii. Asthma.....	3	.36	1	2	1		2		3			
Bronchitis.....	7	.84	2	5	7				7			
Pneumonitis.....	4	.48	2	2	1	2	1		4			
Broncho-Pneumonitis.....												
Phthisis.....	25	3.00	13	12	2	2	14	7	20	2	3	
Membranous croup.....												
Pseudo-Membranous Laryngitis.....												
iv. Diseases of the brain.....	4	.48	3	1	1	1	2		4			
Diseases of the spinal cord.....	1	.12		1			1		1			
Eclampsia.....												
Epilepsy.....	1	.12	1					1	1			
Neurasthenia.....												
v. Diseases of the heart.....	9	1.08	7	2	1		5	3	9			
Degeneration of the arteries.....	1	.12		1				1	1			
Pericarditis.....	3	.36	1	2	1	1		1	3			
Endocarditis.....												
Anaemia.....												
vi. Uræmia.....	5	.60	5				4	1	5			
Cystitis.....												
Chronic Bright's disease.....												
Nephritis.....	7	.84	6	1	1		6		7			
Diabetes.....	1	.12	1				1		1			
vii. Rheumatism.....												
Gout.....												
Inanition.....	2	.24	1	1	1	1			2			
Senility and Asthenia.....	3	.36	2	1			3		3			
viii. Alcoholism.....												
Opium habit.....												
Suicides.....	3	.36	2	1		1	2		3			
ix. Violence and accidents.....	6	.72	6				4	2	6			
Tumors—malignant.....	7	.84	4	3		1	2	4	6		1	
Tumors—non-malignant.....												
Other diseases.....	9	1.08	3	6	6		3		9			

F. W. STEDDOM, M D., Health Officer.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of April, 1896.

TEMPERATURE				Precipitation in inches and hundredths	SUMMARY																																																																														
Date	Max.	Min.	Mean																																																																																
1	77	44	60	0	<p>MONTHLY RANGE OF BAROMETER:</p> <p>Mean Atmospheric Pressure, 30.03.</p> <p>Highest pressure, 30.21, date 28.</p> <p>Lowest pressure, 29.86 date 10.</p> <p>Mean Temperature, 56°.</p> <p>Highest temperature 81°, date 2.</p> <p>Lowest temperature 31°, date 21.</p> <p>Greatest daily range of temperature 33°, date 1.</p> <p>Least daily range of temperature 14°, date 14.</p> <p>MEAN TEMPERATURE FOR THIS MONTH IN</p> <table><tr><td>1876</td><td>58°</td><td>1883</td><td>58°</td><td>1890</td><td>50°</td></tr><tr><td>1877</td><td>58°</td><td>1884</td><td>59°</td><td>1891</td><td>50°</td></tr><tr><td>1878</td><td>59°</td><td>1885</td><td>63°</td><td>1892</td><td>50°</td></tr><tr><td>1879</td><td>60°</td><td>1886</td><td>59°</td><td>1893</td><td>58°</td></tr><tr><td>1880</td><td>57°</td><td>1887</td><td>60°</td><td>1894</td><td>50°</td></tr><tr><td>1881</td><td>63°</td><td>1888</td><td>63°</td><td>1895</td><td>50°</td></tr><tr><td>1882</td><td>58°</td><td>1889</td><td>62°</td><td>1896</td><td>50°</td></tr></table> <p>Mean temperature for this month for 19 years, 60°</p> <p>Average excess of daily mean temp. during month, 4°</p> <p>Accumulated excess of daily mean temp. since Jan. 1, 106°</p> <p>Average daily excess since January 1, 2°</p> <p>Prevailing direction of wind, West.</p> <p>Total movement of wind, 3339 miles.</p> <p>Maximum velocity of wind, direction, and date, 24m, W. 16.</p> <p>Total Precipitation, .10 inches.</p> <p>Number of days on which .01 inch or more of precipitation fell, 4.</p> <p>Mean Dew Point, 45°</p> <p>Mean Relative Humidity, 67 per cent.</p> <p>TOTAL PRECIPITATION FOR THIS MONTH IN</p> <table><tr><td>1879</td><td>1.10</td><td>1885</td><td>2.01</td><td>1891</td><td>1.20</td></tr><tr><td>1880</td><td>5.06</td><td>1886</td><td>3.32</td><td>1892</td><td>2.22</td></tr><tr><td>1881</td><td>4.46</td><td>1887</td><td>3.36</td><td>1893</td><td>1.13</td></tr><tr><td>1882</td><td>1.83</td><td>1888</td><td>1.12</td><td>1894</td><td>1.13</td></tr><tr><td>1883</td><td>1.15</td><td>1889</td><td>1.27</td><td>1895</td><td>1.40</td></tr><tr><td>1884</td><td>3.59</td><td>1890</td><td>2.22</td><td>1896</td><td>1.10</td></tr></table> <p>Average precip'n for this month for 18 years, 1.36.</p> <p>Total excess in precipitation during month, 1.17 inches.</p> <p>Accumulated deficiency in precip'n since Jan. 1, 4.26 inches.</p> <p>Number of clear days, 11.</p> <p>" partly cloudy days, 10.</p> <p>" cloudy days, 3.</p> <p>Dates of Frost, Light, 1,2,10,16: Heavy 17,18,19. Killing, 0.</p>	1876	58°	1883	58°	1890	50°	1877	58°	1884	59°	1891	50°	1878	59°	1885	63°	1892	50°	1879	60°	1886	59°	1893	58°	1880	57°	1887	60°	1894	50°	1881	63°	1888	63°	1895	50°	1882	58°	1889	62°	1896	50°	1879	1.10	1885	2.01	1891	1.20	1880	5.06	1886	3.32	1892	2.22	1881	4.46	1887	3.36	1893	1.13	1882	1.83	1888	1.12	1894	1.13	1883	1.15	1889	1.27	1895	1.40	1884	3.59	1890	2.22	1896	1.10
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20	64	38	51	0																																																																															
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30	70	46	58	0																																																																															
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Mean	67	46	56	.19																																																																															

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., APRIL, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles	56.	81.	38.	30.03	67.	4	.10	11	16	3	W	3,339
San Diego	50.	71.	42.	30.05	70.	4	.25	26	2	4	N W	4,080
Santa Barbara	55.3	79.5	36.5	...	65.	4	1.7	24	3	0	W	4,493
Yuma	60.	61.	41.	29.90	36.	0	T	25	5	3	W	0,057
Arlington Heights	55.	81.	35.	...	...	5	0.74	10	11	...	W	...
Ontario	52.	60.	44.	...	...	...	0.20	...	...	...	W	...
Pasadena	60.	82.	40.	...	...	...	...	...	...	...	W	...
Redlands	52.	78.	42.	...	...	...	0.43	...	...	...	W	...
San Bernardino	50.	82.	30.	...	...	1	0.37	10	8	3	W	...
Santa Ana .....	...	...	...	...	...	...	...	...	...	...	...	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

PELVIC INFLAMMATIONS.

R. P. Beggs, M.D., Youngstown, Ohio.

(Woman's Medical Journal.)

I desire to call the attention of physicians to the use of Anazyme Uterine Tablets in the treatment of pelvic disorders. This class of cases is too much neglected by general practitioners, who seem willing enough to turn them over to the specialist, thus aiding in no small degree the establishment of his (the specialist's) reputation at the expense of his own, not to speak of the loss of pecuniary gain. I have no desire to decry the merits of surgical gynecology, for while the surgical methods of treating diseases peculiar to women have attained a high standard, the requisite skill is by no means sufficiently widespread.

It is with this fact in mind that I mention the following cases as showing the value of non-surgical methods and the superiority of Uterine Tablets over the older methods of treatment, viz.: Vaginal Injections, Tampons, etc., the latter in many cases becoming positively filthy and dangerous, by reason of the absorption of disease products and the consequent retention for a variable length of time.

The tablets, on the contrary, are clean, easy of manipulation, and effective. The following cases will illustrate:

CASE 1.—Mrs. S. L., consulted me Jan. 1, 1894, for pelvic abscess, following septic peritonitis some years preceding. Her case was truly pitiable. Operated upon by two of the leading gynecologists of this country, she gradually grew worse until she was but a mere shadow of her former self.

Her case presented the following symptoms: Constant pain in the left ovarian region with extreme hardness and swelling, the pain becoming so severe at times as to render the patient unconscious, pain and vomiting after taking food, obstinate constipation, leucorrhœa of a very offensive nature. For a period of four years from the date of her first sickness there was a recurrence of the abscess every three months, discharging its contents through the lower bowel.

I began the treatment by giving her four grain doses of Calcium Chloride, thrice daily, and the local use of Anazyme Uterine Tablets. I began the use of the tablets by inserting the half of one and allowing it to remain two days, at the expiration of which time I advised a warm water injection. A rest of twelve hours was now given and the remaining half was inserted high up in the vagina. This same procedure was followed for a period of two weeks when the patient was instructed to use a whole tablet every third night preceded by a warm water injection. Improvement was manifest from the first treatment and at the expiration of eight months she was feeling comparatively well. The tablets were used continuously throughout the whole course of the treatment and I am convinced that their use saved her life.

CASE 2.—Miss W., aged 18, had suffered from ovarian neuralgia for three years. Her health was otherwise good. Ordered Anazyme Uterine Tablets, one every fourth day. Recovery, prompt.

CASE 3.—Miss E. S., was seen the latter part of May of this year, (1895.) Some five or six years ago she contracted a severe cold during the menstrual flow, since which time her menses have been irregular and accompanied by severe pain. The ovaries were habitually tender and painful. The clothing was worn loose most of the time, and corsets had long since been discarded. I ordered Anazyme Uterine Tablets, one to be inserted every third day and the external application of iodine tincture to the abdomen. She has passed her second menstrual period without much pain and her recovery is assured.

CASE 4.—Mrs. A., aged 38, was seen in February of the present year. Has been subject to epileptic seizures since the birth of her first child, some fifteen years ago. Her case was regarded as hopeless by eminent physicians, numerous operations having been performed without avail. An examination revealed a large and heavy uterus, the os projecting into the vulva. I replaced the organ, inserted an Anazyme Uterine Tablet and packed the vaginal with gauze. Two days later I removed the gauze, since which time I have had no trouble in keeping the uterus in position. The use of the tablets rapidly reduced the enlarged organ to its normal size.

This patient remained under my care for a period of two months, during which time she had but one epileptic seizure. Her appetite improved, sleep returned and she was in all respects much improved. I have not seen my patient for a number of weeks, but I am informed that she still continues well. I neglected to say that Liquor Sedans (P. D. & Co.,) was given continuously and aided very materially in the cure. I could add many similar cases, but the four above mentioned very nearly cover the class of cases in which I have used the tablets. In ordinary cases of leucorrhœa I consider the tablets a specific.

The following letter, from Mavrogeny Pacha, Physician-in-Chief to His Majesty the Sultan, is but one of many to show the esteem in which distinguished physicians hold the well-known tonic wine "VIN MARIANI."

"Yildiz Palace, Constantinople, July 2d, 1895.

"Sworn enemy of the proprietary medicines which have of late years inundated all countries, and whose only object is the acquisition of gain for the proprietors, without the least benefit to science nor to humanity, I make a single exception in favor of one preparation as meritorious, and which is thoroughly praiseworthy. I refer to 'VIN MARIANI,' which, without guise of deceit and mysticism, is valuable in its fortifying qualities, and has conferred high benefits upon weak and suffering humanity.

"(Signed)

MAVROGENY Pacha,

"Physician-in-Chief to His Majesty the Sultan."

During the past thirty-five years "VIN MARIANI" has gained more ardent admirers among the medical profession throughout the world than any other preparation, and justly so, as there has never been a disappointment from its use. This is specially noteworthy on account of the attacks made from time to time against Coca (generally from interested parties), and on investigation it is shown that the many so-called Coca wines are nothing more than shameful mixtures of cheapest, inferior wines, and variable solution of Cocaine unscrupulously sold as Coca wine, simply for mercenary purposes.

It is in this manner that really useful drugs are brought into discredit.

M. Mariani has gathered the written opinion, clinical notes, etc., of many thousand physicians from all parts of the world, showing the universal high opinion of practitioners who have subjected "VIN MARIANI" to thorough test.

GEO. W. SAMUEL, M. D., Nashville, Tenn., says: I had a case of a man who had been drinking heavily for several days. I prescribed CELERINA in tablespoonful doses, every three hours, and in a short time he was in good shape again. I also used it in a case of neuralgia, in the following formula:

R CELERINA..... 8 ounces.
Quinia Sulph..... 60 grains.

M. Sig. Teaspoonful every few hours.

It acted like a charm. In a case of impotency, I used calomel in connection with CELERINA, and the patient reports everything standing all right.

CHOLERA INFANTUM.

A complaint peculiar to infantile life, too well known to need further description. I have been requested to give my treatment for this scourge of the nursery. I will not stop to give its pathology or morbid anatomy. What the profession needs is the simplest and mildest treatment that will relieve the little sufferers in the shortest time; one of which, at least, I hope to give.

The first five years I practiced, I treated these cases as I had learned to from the books and lectures. When my little patients died I wondered why they did not get well, for I know my treatment was orthodox. When a poor, little emaciated one lingered through the summer into autumn, and finally got well, I knew it was despite both disease and treatment.

Among my patients was our own little Ruby, a bright, sweet darling of fourteen months, stricken July 2d. I exhausted the remedies laid down in the books and those in my memoranda taken down at college, then called to my assistance the ablest physicians available. They said I had done all they could do, and offered nothing new. One, a diplomat, said, he had obtained the best results, in such cases, from the use of Mrs. Winslow's Soothing Syrup, advised me try it, and went away. In my despair, I cried out, "is this all?" Is this the end of all hope of assistance, in this hour of my great distress. July 28th she ceased to be. We laid

her away, and might well have written on her little monument, whose spire points heavenward, "Died early, because they knew not what to do."

Then I began to inquire of every doctor I met: What is your treatment for cholera infantum or summer complaint of children? They replied: Opium, morphine, laudanum, paregoric, Doveri, cinnamon, cloves, allspice, nutmeg, kino, blackberry-root tea, white oak bark, raspberry leaf—the whole catalogue of astringents—made into some form of powder, decoction or syrup. The same old, old treatment that has sent, and is still sending, multiplied thousands of lovely, innocent children to premature graves, that ought to be saved; and many of them would get well if they never saw a doctor, or rather, if a doctor never saw them. I was then, comparatively, a young man. I determined to pull out of the rut made by that old professional cart, that went out from Philadelphia over one hundred years ago, and, if possible, blaze a way to the goal of my ambition, to relieve and save these little sufferers. Under astringents, I found the inner coating of the stomach wrinkled and hard, like that of a chicken's gizzard; the small intestines the same, with occasion short spaces distended with gas. No digestion, absorption or assimilation could take place under such conditions. (If you will cut down here after death, gentlemen, you will find, after using your puckering treatment, a similar condition.)

I began to think for myself. There is evidence of irritation here, manifest at both ends of the line. First, by the vomiting, and second, the diarrhoea. What then are the indications? The answer is plain. First, control the irritation, and second, remove the cause. To control vomiting, one-eight grain tablet of calomel every hour until four are taken. Follow with teaspoonful doses of castor oil, or pure olive oil, in which is mixed three to five drops of Battle & Co.'s Bromidia every two hours, until it operates on bowels, and be sure that *it does operate, too*.

Then give every two or three hours from half to a teaspoonful, according to age and emergency of the following:

R	Aque Calcis	1 ounce.
	Mistura Cretæ	1 ounce.
	Syrup Acaciæ	1 ounce.
	Bromidia.	1½ ounce.
	Bismuth Sub Nit	1½ drachms.

M. Sig.: Shake well before using.

Repeat the oil every morning *till it operates*, and follow it as before. If the Bromidia in this formula is not sufficient to insure quiet and sleep, I give enough of it in addition till it does, always properly diluted. In extreme bad cases, with "brain symptoms," I depend entirely on Bromidia, and it has never failed me. I have given it in half teaspoonful doses ever hour till the desired effect, with no unpleasant results.

Observe proper rules of feeding and bathing and the little patient is usually all right in a few days. Since I have adopted and followed this course, now about twenty-five years, I have not lost a case of cholera infantum or summer diarrhoea and my records will show that I have treated, probably, as many as any one in the same section of country.

I want to say here, that I have saved the lives of more children, of all ages, with Bromidia, than any other remedy I have ever used, and have used it since it was first introduced. It would no more think of going among the little ones without a bottle of it than I would of going among the "Haw-eaters" of the Missouri Valley, without a bottle of quinine. I know how many feel from what they write about so-called proprietary remedies, but "what I have written, I have written." "The proof of the pudding is in chewing the string;" chew the string gentlemen, and tell us what you know.

When doctors learn that medicines never cure any disease, but may only remove the cause, that the system may restore itself, then there will be a great revolution in our medical armamentarium, and the manner of using, to obtain the desired results.

Kansas City, Mo.

J. M. DUNCAN, M. D.

Medical Brief. September, 1895.

EUROPEAN ENDORSEMENTS.

The *London Lancet* of March 28th, 1896, says editorially: "Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in powder or tablet form, the latter being made in five-grain size. It is described as not a

preventive of, but rather as affording relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally. If this be so, it possesses advantages over other coal-tar products."

The concise endorsement of the *Edinburg Medical Journal*, which appeared in the January issue, is equally interesting: "This is one of the many coal-tar products which have lately been introduced into medicine in Scotland. In doses of three to ten grains, antikamnia appears to act as a speedy and effective antipyretic and analgesic."

SANMETTO IN RETENTION OF URINE.

Have given Sanmetto a good trial and find it one of the best preparations I have ever used. Case No. 1—John D., age 70, Ireland, has been troubled for a long time—unable to pass his urine. After treatment with other remedies with no effect, placed him on Sanmetto with following results: The first day the pus increased in quantity, on second day diminished, by fourth day could urinate himself—before this he had to be catheterized. Dose, one drachm every four hours for the first three days, afterwards one drachm three times a day. Discharged in ten days, a complete cure of cystitis.

Bayonne, N. J.

A. C. FORMAN, M.D.,
House Phys. Bayonne Hospt.

PNEUMATIC TRUSS PADS.

Those who are obliged to wear trusses have suffered from pads that are supposed to hold up the ruptured parts, and to alleviate the pain thus caused, hard and soft pads have been devised and all proven more or less unsatisfactory.

A PNEUMATIC TRUSS PAD that is non-collapsible has been invented by G. W. FLAVELL and can be used on any Truss. It has been found to correct all the difficulties of the old pads and gives instant relief.

One of the New Pads should be in every physician's office, and a sample can be obtained at the nominal price of 50 cents, from

G. W. FLAVELL & BRO., 1005 Spring Garden St.,
Philadelphia, Pa.

EPILEPSY.

Since Brown-Sequard formulated his celebrated mixture of the bromides these have everywhere been regarded as the "sheet anchor" in the treatment of Epilepsy and whatever progress has been made has only been in the line of additions to these efficient remedies. Hammond (Diseases of the Nervous System) says: "The treatment of epilepsy rests solely on experience. Among medical remedies the bromides stand pre-eminent and should be thoroughly tried first in every case." He adds, "Herpin several years ago called attention to the salts of zinc in the treatment of epilepsy. I have used the lactate and still more recently the bromide with very definitely beneficial results. Lauder Brunton says of the bromide of potassium: "It is especially beneficial in epilepsy and by its use convulsions can almost always be lessened if not entirely stopped." (Therapeutics, etc., p. 521.) Allen McLane Hamilton says of the treatment of epilepsy: "No general remedies have been of so much service as the bromides, especially those of sodium, ammonium and potassium, and since their introduction about twenty years ago, the number of cures has greatly increased and the prognosis improved as our knowledge derived from experimental therapeutics has broadened." Reference Hand-Book, Vol. II., p. 708.) The literature upon this subject is so vast that volumes might be filled with quotations from standard authorities only, but our desire is to make the briefest reference to those with the view of calling attention to "NEUROSINE," the elegant preparation of the usual bromides together with bromide of zinc and the pure and reliable extracts of Cannabis Indica, Henbane and Belladonna. Since Trousseau announced the great efficiency of Belladonna in the "Petit Mal" it has held high rank as an admirable addition to the bromides. Of Cannabis Indica and Henbane it is well said: "In morbid states of the system it has been found to cause sleep, to allay spasm, to compose nervous disquietude and to relieve pain. In this respect it resembles opium, but it differs from that narcotic in not diminishing the appetite, checking the secretions or constipating the bowels." (U. S. Disp., p. 351.) It is only reliable when properly prepared from a pure specimen of which "NEUROSINE" is composed.

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ORIGINAL.

PRESIDENTIAL ADDRESS.*

BY GEO. L. COLE, M.D., LOS ANGELES, CAL.

In June, 1888, a little band of medical men met in one of the parlors of the Hollenbeck Hotel in Los Angeles, in response to a call from a few physicians who desired to form a district medical society. After discussing the pros and cons for a time, an organization was effected, with Dr. M. F. Price, then of Colton, as President; Drs. C. C. Valle and C. A. Rogers, Vice Presidents, and Dr. John L. Davis, now of Cincinnati, as Secretary. The territory to be drawn from included all the counties in the Southern part of the State, including Kern, Santa Barbara and San Luis Obispo in the north. The object of the society, which was given the appellation of "The Southern California Medical Society," was, as stated in the constitution, for the "advancement of medical knowledge, the elevation of professional character and the encouragement of social intercourse and harmony among the members of the profession."

The organization began with forty-eight charter members, and during the first year, through the indefatigable work of the first President, forty-five new members were added. Dr. Davis continued to act as Secretary until he left Los Angeles five years later, at which time your humble servant was elected Secretary, and continued to act in this capacity until honored with the Presidency one year ago.

At the present time there are one hundred and fifty-nine active, seven corresponding and three honorary members. The work done by the society has been such as to commend itself to all physicians in this section of the State, and has been in no small degree the means of medical improvement. The organization has been unusually free from any feeling of jealousy or rivalry among its mem-

* Delivered at the Seventeenth Semi-Annual meeting of the Southern California Medical Society, held at Pomona, June 10 and 11, 1896.

bers, and, so far as I know, the heartiest good fellowship exists. But it is to the future, rather than to the past or present, that I would call the attention of those present. While the membership is now proportionally large to the number of physicians and surgeons in the section embraced by the society, there are many outside its ranks who not only need the society, but whom the society needs in order to carry on the work that lies before it. The organization should be incorporated and the proceedings should be published annually. Undoubtedly it is only a question of time when this State will be divided and when the division is made this society should naturally become the organized medical body of the Southern State. And as to the *grandeur of the future* of this Southern country few of us have any just conception. When the larger cities have doubled, *tripled* their population, and have shown this same ratio of increase again and again—when the large land holdings are subdivided and the whole country blossoms with groves and vineyards—when the country homes have taken on the appearances of substantial gardens with houses set among the beautiful shade trees which are now so wickedly neglected—then will some of us who are so fortunate as to live thirty or forty years longer see the realization of the great possibilities now lying before us. And with this transformation come great responsibilities to us as medical men. To us largely will fall the duty of determining whether the sanitary conditions shall become such as to make a vast sanitarium in the broadest sense of the term out of this whole region, or whether, through neglect of proper sanitary laws, it shall become a vast breeding ground for such diseases as tuberculosis, and a place from which all the hearty, vigorous population of the north and east shall turn with fear and trembling. While we all hail with delight the effort made by our honored State Board of Health in establishing a State Sanitary Convention, where these subjects are discussed and every possible effort put forth to better the sanitary conditions of the present and future California, when we see the small number present at these conventions, and the want of proper co-operation given by the laity, we are reminded that much can be done in this direction by organized bodies such as ours. The time has come when we as medical gentlemen should not only be content to take care of the sick, to ease pain and prolong life, *all* objects worthy the highest effort and capable of inspiring us to develop the grandest possibilities within us, but we should aim higher and see our greatest glory in *preventive medicine* and all that pertains thereto. If by securing a pure water supply we lower the suffering and mortality of typhoid one-half—if by a pure milk and meat supply we lessen the amount of tuberculosis—if by rigid vaccination we prevent epidemics of smallpox—if by immunizing children exposed to diphtheria we lessen the deaths from this disease, are we not doing more for our fellow men, and bringing the practice of our profession to a more effective plane, than by curing disease already inflicted upon suffering humanity by reason of neglect of sanitary and preventive measures?

Never before have such strides been made in medicine and surgery as during the past few years. Bacteriology has opened up wide fields in both branches, and while we speak of aseptic surgery and its benefits to mankind, we are apt to forget the role that bacteriology is playing in medicine. Along this line comes the hope that is being held out to us in serum therapy. I do not wonder that so many look with skepticism upon this line of remedies. When we see the new drugs pushed upon the profession by the ever vigilant pharmaceutical concerns with no other apparent claim than that they may tend to enrich the purse of the manufacturers, it is well for us to be a little slow in accepting all that is placed before us. However, there seems to be a rational basis for serum therapy, as

many varieties have gone far beyond the experimental stage, and many careful observers are looking for still greater developments to follow. All remedies in time seek their true level, therefore we need not fear but that all that is worthless will follow in the train of many vaunted remedies of the past. There are always enough in the profession who are willing to accept every new remedy and push it for all it is worth, hence we can safely stand on neutral ground until the efficacy or worthlessness of any new preparation is fairly well tested.

With regard to the advances in surgery, I have only one point to make, and my remarks I trust you will pardon, inasmuch as I make no pretense to abdominal operation myself. I wish to refer to the fact that scores of lives are annually sacrificed by the amateur operators. Not long ago, in a medical society, I heard a surgeon of no mean ability say that the time had come when any man could safely open the abdomen under antiseptic precautions. To this I agree, if he will qualify the remark by saying that many of those who feel themselves competent to open up the cavity should close it as soon as it is opened. My own feeling is that no man should take upon himself the responsibility of abdominal or pelvic surgery unless he has either had a long and thorough hospital surgical course, and by this I do not mean a month or six weeks merely, but an eighteen months' course in one of the large hospitals, with the best operators at hand, or, in lieu of this, has been first assistant for a long period to some good abdominal operator.

The necessity of this preparation does not arise from any great skill requisite to opening the abdominal cavity or to operating in simple uncomplicated cases, but from the fact that one is constantly meeting the unexpected in such cases, from the fact that it is absolutely impossible to make a correct diagnosis in all cases until the cavity is opened. To one who has seen a few simple cases only, it may seem a very easy matter, but by the time one has witnessed several scores of operations he is impressed that even what may seem a very easy case at first may, in a moment, be transformed into a case requiring the utmost skill, dexterity and good judgment to carry to a successful termination. The argument that it is only by experience that we learn does not apply here, for there is abundant opportunity for anyone to fully equip himself who has the time and money to do so, and unless he has these two essentials it is his solemn duty to let this line of work alone. Of course, emergencies may arise when exceptions may be taken, and for these cases we must duly allow, but they are very rare. There are few cities or towns that have not several good abdominal and pelvic surgeons, who have made careful, conscientious preparation for this work, and whose experience of years stands them well in hand, and it is the sacred duty of us who have either not taken the opportunity to prepare for such work or who may have our time principally occupied in other lines, from inclination or necessity, as the case may be, to turn such cases over to them. Indeed the places are exceedingly rare where competent surgeons cannot be had within a few hours. That abdominal surgery within the past few years has not been greatly overdone I do not wish to deny, and I trust we are all glad to see the craze passing, but the way to encourage the proper level is for us not all to try to become abdominal operators, but rather to strive to qualify ourselves to determine when operations are necessary, and then, if needed, turn them into the safest hands of which we may know. By doing this we shall not detract from the honors of the general practitioner, but, rather, add to the dignity of general medicine.

And just here I wish to say a word concerning the duty of medical men to prospective medical students. The increasing number of physicians and surgeons, in proportion to the population of our country, is assuming figures that

may well cause us to consider what the future has in store for us in this direction. And especially is this true upon this coast, where the number is something like one to one hundred and fifty. The evil results of this is seen in the inability of many to succeed in a strictly professional manner, and thus we have the great number of what we may term *regular* quacks, *i. e.*, men who have a regular license from the State Board to practice medicine, and yet who resort to columns of advertising matter in the daily papers to attract the attention of the gullible public. As a remedy for this we have practically no legal resort, for while the laws seem rigid enough, they are practically inoperative.

The only feasible remedy for this multiplicity of medical gentlemen lies in a higher standard of education. We are all delighted to see the effort being made in the majority of good medical colleges to raise the standard by requiring a longer course than formerly. With increased competition in the profession the time has come when the younger men must feel that in order to cope successfully in this field they must be more fully equipped than were medical men formerly. They must not only have a longer course of study, but they must have hospital advantages, and above all a preliminary education of the best. Just here comes in the duty of physicians in general. Seldom does a young man or young woman begin the study of medicine without first consulting some physician. We are too apt to see in any such candidate with a good character and address the possibilities of a successful practitioner, no matter what may have been their preliminary education. It is true that ten, fifteen or twenty years ago any man with even a poor foundation in educational matters, if he possessed ordinary acumen, tact and energy, might obtain a degree in medicine and go on to fair success as compared to the other professions or avocations of life. To-day it is different, and it is our duty when approached by would-be students of medicine to tell them frankly that a *sine qua non* to success is a broad fundamental education, especially in the sciences, and to discourage all from entering medicine who have not acquired the same, or are not willing to do so before entering upon the noblest career which has been given to man.

217 South Broadway.

THE CARE OF THE BREASTS AFTER PARTURITION.*

BY THEODA WILKINS, M.D., POMONA, CAL.

In order that the puerperal period of a woman may pass uneventfully, it is necessary that lactation be normally performed, and to this end the proper care of breasts and nipples becomes of the greatest importance. Healthy breasts require no treatment beyond the application of a little common sense to keep them so; *i. e.*, they should be kept clean, dry, free from irritation, and given suitable intervals of rest, including a long rest at night. Usually physicians direct, in addition to cleanliness, the use of some emollient applications, with, perhaps, mild astringents to the nipple, during the last months of pregnancy, though one prominent obstetrician is reported as saying that those women who treat their nipples before labor are the ones who have trouble with them afterwards.

After the baby is born "wash the nipple before and after nursing"—usually with a boracic acid solution—becomes the standing order, to which is often added the washing of the baby's mouth. Now, what the physician means is good practice; what the average nurse does—when she does it at all—may not be so

*Read at the Seventeenth Semi-Annual Meeting of the So. Cal. Med. Soc., held in Pomona, June 10 and 11, 1899.

good. Often it will be done in this wise: An ounce or so of the prescribed washing fluid is put into a cup; a very minute rag, clean, if it is a good nurse, otherwise often one that may have done duty for a day or two, is wet in it and pressed out with fingers not previously washed, leaving the liquid turbid and grayish; the rag is wiped over the nipple and the nurse retires with the sense of a duty well performed. Then the baby is put to the breast, after its little mouth, also, has been washed, perhaps with the same water and the same rag, after which cup and rag are set aside to be used again when baby gets through, and that is the washing "before and after."

As to the baby, I confess to the unorthodox belief that a teaspoonful of boiled water swallowed will wash out its mouth more effectively and naturally than any nurse can do it, and that ordinarily that is all that is necessary.

As to the mother, the object of cleanliness can be much better attained by real irrigation two or three times a day, than by merely washing with a cloth. To do this the patient turns partly to one side and a shallow dish is set under the breast; then, while she draws out and gently manipulates the nipple, the nurse slowly pours over it a sufficient quantity of cool water to really remove the accumulated milk from the fissures of the skin, perhaps ending with some antiseptic solution. Then the breast is carefully dried, dusted with powder, and the other treated in the same way. This is pleasant to the patient, takes but a few minutes to do, and needs to be done only two or three times a day.

Like healthy nipples, healthy breasts require but little attention and are best let alone, except, perhaps, if they fill up too rapidly, moderate support from a binder, or cold compresses for a few hours.

It is the eroded or fissured nipple that becomes a thing of importance both directly from the very great pain which it can cause, and indirectly because in the majority of cases mastitis has its origin in infection from the nipple.

In spite of—some writers say "because of"—the most careful attention given to the breasts, lactation sometimes becomes a veritable torture to the mother, and serious consequences often result from neglect. It is the fashion nowadays to cry out loudly against the unnatural mother who does not want to nurse her child; but few recognize the true heroism daily exhibited by thousands of women who bravely bear hours and constant repetition of excruciating pains which are altogether out of the plan of nature, in their desire to nurse their babies, though the comforts and convenience of bottles and baby-foods are extolled by dozens of friends.

Retracted, small, or otherwise insufficient nipples, are usually the result of pressure upon the breasts, especially during the developmental years. Their treatment should begin with the early girlhood of the woman, by religiously avoiding such pressure. The deformity having occurred, drawing out the nipples as much as possible before birth of the child, by manipulation and even suction, and later by persistent efforts to nurse the child, will usually do much toward remedying the evil. In these cases a glass shield is often very useful.

When nipples have become tender or eroded, or when fissures are forming, the first thing that suggests itself for protection is the nipple-shield. All shields have one fault in common—they do not allow free passage to the milk. After the baby has drawn the milk from the breast, it ought to be rewarded by the fruit of its labor, the shield should interpose no obstruction to the free outflow of milk. Yet the average opening will admit only a fine cambric needle! Cutting into a shield four or five holes large enough to admit the head of a pin, makes it much more satisfactory. Soft rubber shields usually answer. Some prefer the glass-shields with rubber nipples. They do well for a retracted nipple, but are too

large for ordinary cases, consequently the breast is drawn up into the shield, stretching fissures and compressing milk-ducts, and often causing much pain. An ideal shield would be about two-thirds or half as long and one-fourth less in diameter.

As a local application in eroded or fissured nipples nitrate of silver seems supported by the greater weight of authority. It is used in solutions of from two to ten per cent., or the solid mitigated stick to the base of deep fissures. Preparations of tannin, bismuth, benzoin, lead, cocaine and other things are also recommended. The poisonous ones are objectionable—of the others benzoin, in the form of pure balsam of Peru, has given me such good results that I have tried nothing else. It should be applied often and not washed off before nursing, as it forms a protecting film through which the milk does not readily penetrate. Its pleasant odor, too, is in its favor.

Engorgement of the breasts, in whole or in part, is of rather frequent occurrence, especially in primipara, and may require attention. Many remedies are in use for this condition, from the hot pancake in favor with some nurses, to the scientific massage and binder of the up-to-date hospital.

For the milder forms, massage, cold applications, or the binder will be found effective. In the severer forms all three may be necessary to prevent inflammation, or to promote resolution, mastitis being present.

Massage: The general direction in applying this is that the strokes should be gentle, and directed from the periphery of the gland towards the nipple. Patience is necessary, as nothing can be accomplished in haste. Camphorated oil enjoys some reputation as useful in connection with massage.

Cold applications: These may be either the ice-bag or cold compresses. Even so simple a thing as cold compresses may be rightly or wrongly applied. The right way is to take a soft loose absorbent cloth—not of a fine closely-woven texture—wring it out of cold or ice water as dry as possible, and apply as often as the patient desires, covering well with dry soft wool, that the clothing may remain absolutely dry.

Compression is usually produced by some sort of binder. The simplest, and as effective as any, consists merely of a strip of firm material, with broad shoulder straps. The binder is pinned tightly and smoothly over the breasts, the shoulder straps holding it well up. It may be notched under the arms as necessary, but had better not be cut out. Whenever the nipple is included, it should be surrounded by a ring of soft—*i. e.* common—cotton batting. Cotton may also be tucked in around the edges of the gland to prevent pinching between the cloth and the chest wall. If greater compression is desired than can be obtained by a bandage or a cloth binder, a large flat sponge under the binder over the breast is very effective.

Several years ago a writer in some journal (I have been unable to find the article again) described a method of treating the earlier stages of mastitis by means of sponge compression, the sponge being afterwards filled with cold water, and cited a number of cases. I had occasion to test this method in one case and found it very effective. A multipara gave a history of left mammary abscess ten years before (by the way, coincident with scarlet fever in the family) and the breast was much scarred. During the first months of pregnancy it had given much pain, and it was also very painful after the flow of milk was established, but, on my advice, she continued to nurse the child from it, and, after a time, things seemed to go better. In the fourth week I was called early one morning. Found her with a temperature of $105\frac{1}{2}^{\circ}$, and a history of violent chills and high fever for three days. The breast presented all signs of severe inflammation. The

patient said that for some time the baby had not been able to get much milk from the breast, though it seemed full, because, soon after he began to nurse so mething "like a ball" seemed to come down and stop the flow, after which the continued suckling gave her excruciating pain. After massage, I ordered ice water to the breasts, to be continued while agreeable. That was until four the next morning when another hard chill came on, and I found her, when I called, not improved over the preceding evening. Again massage, and then firm bandaging—repeated twice that day, but the following morning, the fifth after the first chill, she had another, and her temperature was $104\frac{1}{2}$. I now procured a large flat sponge, applied it under the binder which I put on as tightly as possible, then filled the sponge with ice water from the top, until the water began to run through, and directed the patient to fill it from time to time. The pain stopped immediately; that evening the temperature was down to 100° , and the next morning normal, and remained so. The combined method had given results that could not be surpassed.

To summarize: Cleanliness, but as little as possible interference before labor. After labor, cleanliness, dryness, sufficient rest. If very sensitive, nipple-shields; if erosions or fissures appear, balsam of Peru or nitrate of silver. Engorgement, or mastitis, massage, cold compression; singly, effective; combined, almost invincible.

THE OPHTHALMOSCOPE AS AN AID TO DIAGNOSIS.*

BY W. W. MURPHY, M.D., LOS ANGELES, CAL.

The Chinaman, who makes his diagnosis by feeling the pulse, scorns all other aids. The Homeopathist, with his little book which tells him that a certain remedy is to be used for pain in the head, another for pain in the back and so on *ad infinitum*, a remedy for each symptom imaginable, has no need for a diagnosis, except to satisfy his patient or his friends by giving these mystical symptoms a name.

We, as regular physicians, recognize that these symptoms are but the local effects of causes, many of which are located in organs remote. It is our duty as rational educated physicians to search out these causes, and when possible to remove them.

The great advancement made in medicine and surgery during the last twenty years is indebted more than anything else to the labor in the laboratory of those engaged in original research, which has established the fact that each separate disease is the result of a definite micro-organism.

The physician is no longer satisfied to estimate the temperature of his patient, or the gravity of the case by feeling the pulse of a fevered patient. He brings into use his thermometer, which very often tells a story different from that told by the pulse. The patient has a little hectic and a slight cough, with no symptoms perhaps to alarm him or his friends. The sputum after being properly treated is put under the microscope, the bacilli found and the diagnosis made while the disease is in its early stage, when, if ever, medicine or change of climate may be of service.

With the improved stethoscope we study the normal heart, lungs and great vessels and are enabled to detect almost the slightest pathological condition. The cystoscope lights up the interior of the bladder and enables us to locate the stone, the ulcer or any other abnormal condition. In case of renal abscess the

*Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society, held at Pomona, June 10 and 11, 1896.

pus flowing from the ureter demonstrates positively which kidney is diseased and saves the surgeon from the fatal mistake of removing the wrong kidney. These and in fact nearly all the mechanical aids in diagnosis are of comparatively recent origin.

The older members of the profession here present can remember how few aids to diagnosis they had in the early days of their practice and the difficulties they encountered in making a satisfactory one, which frequently was nothing but a shrewd guess, which the autopsy often showed to be wrong. The physician who fails to use all the means at his command to clear up the misty points in a given case is not only remiss in his duty, but is culpable in his neglect.

Of all the mechanical aids to diagnosis probably no instrument has a greater usefulness than has the ophthalmoscope. Edward G. Loring, whose name is a household word with ophthalmologists, who did so much to perfect this instrument and bring it into practical general use, says: "In the whole history of medicine there is no more beautiful episode than the invention of the ophthalmoscope, and physiology has few greater triumphs. With it, it is like walking into nature's laboratory, and 'seeing the infinite in action,' since by its means we are enabled to look upon the only nerve in the whole body which can ever lie open to our inspection under physiological conditions, and to follow in a transparent membrane an isolated circulation from its entrance into the eye through the arteries to its exit in the veins. We are further enabled to watch and study daily, and even hourly, morbid processes in each and every phase, from simple hyperemia to absolute stasis, and from passive edema to the most violent inflammation, while oftentimes through its agency we get the first intimation of disease in remote and seemingly unconnected organs, so as to read, as in a book, 'the written troubles of the brain,' the heart, the spleen, the kidneys and the spine."

The ophthalmoscope is sometimes the first thing to call our attention to locomotor ataxy. Charcot believes that almost all cases of so-called simple atrophy of the optic nerve, present sooner or later the spinal symptoms of locomotor ataxy, and says: Blind people oftentimes walk in a more or less hesitating manner, and the uncertainty of slight ataxy is easily attributed to the blindness. In a large proportion of cases, blind from optic nerve atrophy, inquiry elicits other symptoms, such as the lightning pains, loss of sexual power, unsteadiness in turning, etc. The atrophy of the optic nerve may occur before those symptoms referable to the cord. One of the earliest symptoms is the loss of the knee jerk, and if looked for will be frequently found to accompany the optic nerve atrophy. In every case where the ophthalmoscope shows us an optic nerve atrophy we should look for the symptoms of ataxy, being reasonably assured that if not found then, that in a majority of cases they will sooner or later present themselves.

The ophthalmoscope shows us one way in which the tendency to cerebral hemorrhage may be inherited. I quote from Gowers: "The anatomical arrangement of vessels varies considerably in different individuals and is of itself of but little significance. The general arrangement of the vessels in the two eyes is generally the same, moreover similarity in vascular arrangement may be inherited. I have seen repeatedly a peculiarity in the course of the retinal vessels of the mother exactly reproduced in the eye of the daughter. This is a striking proof of the transmission of vascular arrangement. Upon the vascular arrangement depends the vascular strain, and in part at least the occurrence and locality of vascular degeneration and often of vascular rupture."

If the ophthalmoscope shows us aneurisms in the retinal arteries we may be

reasonably confident that they exist in the small arteries of other organs. Heart lesions sometimes produce emboli in distant vessels. The central artery of the retina is the only artery in the body where you can see an embolism and observe its results during life. The observance of this by the ophthalmoscope may be the first thing to call our attention to the cardiac affection.

At the recent meeting of the American Laryngological, Rhinological and Otological Society, in New York City, Dr. Thos. R. Pooley read a paper on "The Diagnostic Value of Ophthalmoscopic Examination in Cerebral Disease Depending upon Affections of the Ear," and, after citing several recorded cases in support of the view that ophthalmoscopic examinations were an aid to the diagnosis of certain disorders of the ear, drew the following conclusions: (1) That the ophthalmoscope was valuable in arriving at a diagnosis of cerebral disease, in some instances, by confirming the evidence given by other symptoms; in other, by giving the principal, if not the only, reliable evidence of brain disease. (2) That the intra-ocular end of the nerve is never inflamed where the disease remains limited to the middle ear and mastoid, and that, therefore, if optic neuritis is found, the diagnosis of extension to the brain is certain, whether or not there are other evidences of this condition. (3) That the form of optic neuritis is always that seen in affections of the brain, viz., choked disk. In his opinion, the various forms of neuritis described are only different grades of this particular form of optic neuritis. (4) That it occurs more frequently in chronic purulent otitis media than in acute cases. In the latter it is rare. (5) That the list of the brain lesions in which optic neuritis is observed embraces nearly all the usual lesions—abscess of the brain, meningitis, and sinus thrombosis. (6) That the occurrence of optic neuritis in otitis media chronica, with implication of the mastoid, and a history of long-standing otorrhea, are, by inference, evidence that the trouble is due to a cerebral abscess. (7) That the extent to which the presence of slight edema of the optic disk should influence us in determining the advisability of operating on the mastoid is still an open question, but he thought he might accept the conclusion of Dr. Andrews, that an operation when properly performed is not dangerous, we may look upon edema of the optic disk as an indication for opening the mastoid, with the object of at least establishing free drainage from the middle ear. (8) That the existence of optic neuritis as an indication for a more serious operation, such as exploration of the brain for intra-cranial disease, could only be considered in connection with other symptoms. So far as it went, however, this condition made the presence of intra-cranial disease more certain.

In brain tumor the ophthalmoscope when used in connection with the other symptoms makes reasonably certain a diagnosis which otherwise might be problematical.

Syphilis is frequently diagnosed by its effects on the eye, even when no specific history can be obtained.

It is not very uncommon that the ophthalmoscope reveals to us that our patient has Bright's disease before our thoughts have been directed that way by other symptoms. My father-in-law, who was a physician, wrote me that the glasses I had prescribed for him some years previously, did not suit him, and asked me to look up his record and send him what I thought he needed. Other glasses were sent, but did not help his vision. Shortly afterwards he came to visit me. Upon using the ophthalmoscope I found to my surprise and dismay albuminuric retinitis. On examination of the urine I found albumen. He died a few months afterwards.

Muskegon Block.

REPORT OF TWO CASES OF LITHOLAPAXY.*

BY GRANVILLE MAC GOWAN, M.D., LOS ANGELES, CAL.,

PROFESSOR OF DISEASES OF THE SKIN AND GENITO-URINARY ORGANS, MEDICAL DEPARTMENT OF UNIVERSITY OF SOUTHERN CALIFORNIA.

My excuses for presenting these cases to your notice are found in the infrequency of the occurrence of cases of stone in the bladder in Southern California, and in the practical desuetude of the operation of litholapaxy by surgeons in dealing with the cases which do occur. The reason why stone is a rare disease with us is not easy to state, but it is probably due to the fact that our drinking water, though alkaline, owes its hardness to the presence of soda or magnesia and not to the more insoluble salts of lime. This, of course, does not explain the absence of calculi composed of the urates, though perhaps this alkalinity of the drinking waters may be the factor, which, more than anything, acts as their preventive.

With full command of the material afforded by my large clinic at the dispensary of the University of Southern California for more than eight years, of the Los Angeles County Hospital for five years, and in my private practice for ten years in Los Angeles, I have met with and operated upon but seven cases of stone in the bladder. It may be that other surgeons have seen more of these cases than I have, but certainly more have not seen so many, and many, none. This is the reason why stones have not been crushed in Los Angeles. The complete outfit necessary for satisfactory crushing of all cases suitable to the operation is very expensive, and no sensible surgeon desires to invest several hundred dollars in lithotrites, unless he is likely to have use for them at least once a year. So the custom has grown of sending cases preferring, as the laity usually will, a crushing operation to a cutting one, to San Francisco, where at least one surgeon has made a specialty of this operation.

When I determined to make a claim to special skill in the diagnosis and operative treatment of difficult or obscure diseases of the urinary organs in the male, I undertook the supplying myself with all instruments necessary for the workmanlike treatment of these diseases, and had a set of lithotrites made for me which would enable me to deal with any case of cystic stone suitable for the operation of crushing. These I take great pleasure in presenting to you for your examination, and with them I also show you the debris of the stones from the following cases:

Case I. Jno. H., by birth a German and by occupation a lumberman, 38 years old. He applied to me February 1, 1896, stating that he had a stone in the bladder. The annoying symptoms were interruption of the urinary stream and pain from induced bladder contractions when the bladder was empty. The presence of epithelial tube-casts in considerable quantity in his urine made me somewhat apprehensive as to the results of a crushing operation. The stone was measured and found to be $4\frac{1}{2}$ c. m. in diameter. Its cystoscopic appearance was demonstrated to my class and to some of my colleagues. Three days afterwards it was crushed under cocaine anesthesia. The bladder recovered its contractile sensibility very rapidly, the finer fragments alone were evacuated, the larger ones being left for five days, when they were crushed and removed under general anesthesia, and even then contractile sensibility was very marked. The nucleus of the stone was a silk ligature which had fallen into the bladder from a suprapubic incision made a year before by me for the removal of multiple tumors of

*Read at Seventeenth Semi-Annual meeting of Southern California Medical Society, held at Pomona, June 10 and 11, 1896.

the bladder wall. The patient was confined to bed for one day. Recovery perfect.

Case II. F. W., 28 years old; by birth a Canadian, by occupation a farmer and contractor; applied to me February 22, 1896. He complained of severe spasmodic pain at the neck of the bladder during urination, accompanied by an interrupted stream. The urethra, prostate and the rectum were healthy. After bimanual examination, which gave no information, he was cystoscoped and a phosphatic stone was seen lying in the left quadrant of the bladder base. This stone measured 3 c. m. in diameter. On February 29th it was easily crushed with a Guyon-Charriere lithotrite. The fragments, however, clogged the instrument, sticking the blades together. After manipulation for ten minutes the lithotrite cleared sufficiently for removal when they were found pasted with chewing gum. The patient afterwards admitted that he had used a twisted stick of chewing gum in the urethra for erotic purposes and that it had slipped into his bladder. The date of this occurrence was three months before his application for relief from his bladder symptoms. He was confined after operation to bed for 24 hours and to the house for three days. Recovery was complete.

321 S. Broadway.

THE DEATH OF GERMAIN SEE.

BY P. C. REMONDINO, M.D., SAN DIEGO, CAL.

The noted medical teacher and practitioner, Germain See, whose death lately occurred in Paris, was born in the town of Ribeauville, in the department of Haut Rhine, on the 6th of March, 1818. He came of a Jewish family, and began his studies in medicine in Metz, receiving his degrees in Paris in 1846. In 1852 he received his first appointment as physician to one of the Paris hospitals, and in 1866 succeeded Prof. Trousseau to the chair of therapeutics in the Faculty of Medicine. The following year he replaced M. Monneret as teacher of clinical medicine, and in the same year he was elected a member of the *Académie de Médecine*. He was physician to Napoleon III. in 1870, and in 1876 he was chosen to fill the chair of clinical medicine of the Hotel-Dieu. In 1876 he was decorated with the cross of the Legion of Honor, and in 1880 raised to the rank of a commander of the Legion.

General therapeutics is indebted to Germain See for many noted investigations and many of its advances. It is to him that the profession owes much of its knowledge concerning the therapeutic effects of ergot upon the heart and upon the circulation. He was also and of necessity an indefatigable student in the pathological fields, and greatly extended our knowledge of the therapeutics of chorea and other nervous diseases, as well as of the general therapeutics connected with the diseases of the heart and of the blood. The now extended, and one might say almost universal use of salines and salicylates in the treatment of rheumatic affections, originated with Germain See. In addition to the above, he conducted a laborious series of experiments and researches upon the physiological effects of tobacco, on the nature and treatment of epilepsy, and on asthma. Some twelve years ago he published the result of his observations upon the bacillus of tuberculosis and upon phthisis.

In Germain See, the profession at large loses one of its most conscientious and valuable laborers and one of the most laborious of patient investigators. Modest, retiring, and the soul of unselfishness, his loss will be severely felt by his French confreres who, aside from the endearing charms of his personality, will lose the fruits of the long years of personal observations and experiences which had so well guided their possessor in extending our therapeutic boundaries.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRs. F. D. AND ROSE T. BULLARD.

TREATMENT OF COUGH IN BRONCHITIS. (*N. Y. Med. Jr.*, May 16.)—Prof. W. M. Thomson says that the hard, racking, expectorant cough of bronchitis is a purely mechanical result of the viscid nature of the secretion and it is very noteworthy how often all the signs of progressive inflammation subside when the adhesive secretion is changed to a freely flowing liquid. He believes that the administration of oils is the best treatment. He has used an emulsion of linseed oil for twenty years as the expectorant in acute bronchitis and after a full trial of other expectorants for test purposes, pronounced it much superior to either the preparations of ammonia or other reputed liquefiers of too viscid mucus.

A serviceable formula for making an emulsion of linseed oil is: R Irish moss, two drachms; water, one pint. Boil and strain, then add linseed oil, five ounces; glycerine, one ounce five drachms; syrup. simp., three ounces; ol. gaultheria, ol. cinnamon, aa mxl; acid hydrocyanic, dil., mxl. For bronchitis with irritant cough for an adult. R. Emuls. ol. lini., one ounce; morph. sulph., one grain; chloral, one drachm. M. Sig. A tablespoonful an hour after meals.

TREATMENT OF TYPHOID FEVER PYRESIS. (*N. Y. State Medical Reporter*, April, 1896.)—Dr. C. W. Ingraham, in an editorial, advocates the reduction of temperature by *cutaneous elimination*. He says the application of a high degree of heat either moist or dry, to the temples, or to the chest of the typhoid fever patient, will have the reliable effect of reducing pyresis, accomplishing this result quickly and in a *perfectly safe manner*. He has personally reduced fever three degrees within an hour by the use of hot water compresses to the forehead.

COUNTER-ENVIRONMENT IN TUBERCULOSIS. (*N. Y. Med. Jr.*, May 16 and 23, '96.)—W. J. McDowell, M.D., Baltimore. After an interesting and logical argument to prove that hyperpyrexia increases the activity of germ life, as shown by a microscopic examination of the sputum, while the condition of apyrexia just as certainly lessens the development of the bacilli, Dr. McDowell formulates the objective points of treatment as follows:

1. Gradual destruction of the bacilli by the production and maintenance of a counter environment inconsistent with their continued existence.
2. Prevention and correction of sepsis and septic absorption both by counter-environmental influences and by strict attention to the recognized principles of antiseptics—atmospheric, respiratory, and gastro-intestinal.
3. The meeting of special morbid conditions in accordance with the well-recognized rules of modern therapeutics, with particular attention to the promotion of the digestive, excretory, and eliminative functions, and to tonic and restorative treatment.
4. After arrest of the tuberculous process, the adoption of measures of prophylaxis against reinfection.

*This paper was read nearly three years ago before the Baltimore Med. and Surg. Society, but not published until the theories were given further trial. After applying them seven years continuously, time has only strengthened his convictions. The only change (after three years) would be to recommend more of hydrotherapy in order to reduce the necessity of drug exhibition to its minimum.

5. The application of the same system of prophylaxis in cases where there exists a strong constitutional tendency to tuberculosis (undeveloped), thus securing to the individual immunity from the disease.

In order to establish this counter-environment the objects to be aimed at are (a) to reduce the temperature, both general and local, to a point at or below 37° C. (98.6° F.), and to maintain it at this point day and night, as nearly as practicable by all therapeutic means, until the tendency to pyrexia finally disappears; and (b) to subdue cellular hypertaxis, and so remove the common cause of local heat (which stimulates growth) and interstitial exudation (which supplies nutritive pabulum), by exhibiting such medicines as will act as cell obtundents. The first prescription in every case is a clinical thermometer. He then has the temperature taken every hour during the day and every two hours at night (the patient soon becomes accustomed to the disturbance and falls asleep in a few moments). If fever exists, a ten grain powder of phenacetine is given and the dose repeated when the record is taken until the temperature falls to the normal or below it. In the majority of cases fifteen grain doses will be necessary.

In the earlier part of the treatment many doses may be required each day, but soon germ life becomes less active and two or three doses are all that will be indicated. This must be regulated by the thermometer. It is seldom that one antipyretic can be used exclusively in a case. If antipyrin is used it should be given in doses of fifteen to twenty grains; if in combination with phenocoll, ten grains of each drug will suffice. The cell-obtundent effect may be enhanced by auxiliary remedies, such as iodoform or creosote, the latter not often employed on account of its chemical relationship to the antipyretics. Cold baths and the various expedients of hydrotherapy are valuable adjuncts. The fever must be kept down, for in the presence of continued pyrexia every form of treatment must fail, but in its continued absence nature can cope successfully with her microphytic enemies.

Dr. McDowell considers that this reduced temperature produces an indirect, antiseptic effect, but in addition orders inhalations of antiseptic vapors and nebulized solutions. Hygiene is insisted upon. To prevent self-infection, where secretions are profuse and purulent he directs that the stomach be washed out every morning, following with the exhibition of some safe and efficient antiseptic. As the secretions diminish, especially if the symptoms of the gastric disorder disappear, the washing is dispensed with, but the antiseptic continued until convalescence is established. He thinks that individuals with a "tendency" to tuberculosis may be effectually protected against its onset by simply guarding them against the accession of fever arising from any cause.

YEAST NUCLEIN IN HIP-JOINT DISEASE. (*Amer. Lancet, N. Y. Med. Jr.*)—Dr. Chas. W. Hitchcock, of Detroit, reports a case of hip-joint disease in which great improvement and apparent cure followed the use of yeast nuclein, prepared according to the formula of Dr. Vaughn by Parke, Davis & Co. It was injected hypodermically in the region immediately around the affected joint, at first daily, afterwards on alternate days, beginning with twelve and increasing to fifty minims. The reaction was moderate at times, some pain and a burning sensation at the site of the injection and a slight rise of temperature. She was under constant treatment four months and under frequent observation four months longer.

The nucleins, Dr. Hitchcock says, are among the newer remedies that may do much as an aid to tissue-building, more especially as they are said to influence cell metabolism so as to bring about a healthy resistance to disease processes. In this case it was given with the idea that the trouble was tuberculous and although

its use was largely empirical, the results have been most satisfactory. To be of avail the nuclein must be used early, before gross and irreparable damage has occurred.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

MOROCCO MIDWIFERY. (*Mod. Med.*)—Dr. Meakin: Though I have known of cases in which a Moorish woman has gone forth in the morning to her reaping or her washing at the well-side, childless, and at night has returned with a new-born infant on her hip, things do not often work so smoothly, even in that country of unrestricted growth and development. In the towns especially, the midwife—there significantly styled the “receiver”—is a personage of no less importance than our friend “Mrs. Gamp,” and of much the same level of intelligence and information. Males are, from the nature of the social conditions of a strictly Mohammedan country, rigidly excluded from all share in attentions on womankind, and it has only been on occasions of rare confidence or enlightenment that even European medical men have been trusted in such matters.

Marriage is entered into without any previous acquaintance, or the exercise of selection on the part of the parties immediately concerned, whose first introduction takes place the night after the marriage. The bridegroom's house or hut having been cleared of all but the newly arrived bride and an old negress, who is the mistress of ceremonies, the groom, of perhaps eighteen, is ushered into the room of his wife, aged twelve. After a reasonable time he hands out the lady's drawers for the inspection of the negress, who testifies by shrill cries of joy which are at once taken up by the crowd outside, and supplemented by the firing of guns, that the girl has been found a virgin. If this is not the case, it depends upon the fear or otherwise in which the bridegroom holds her parents, or the feelings with which she has inspired him, whether he at once repudiates the marriage by informing his friends that they need not wait to congratulate him, and by sending the girl home next day, or tells the slave to give the signal whether or no, and sends her back quietly later on, or even keeps her. When widows or divorced women are remarried, no fuss is made.

When married, the Moor shows himself ahead of most Westerners, for he will on no account sleep with his wife, only visiting her during the night, usually toward dawn, immediately after which he goes to purify himself for morning prayers by a steam bath. After the wedding the man has to remain indoors for a week, the woman for a year. At the end of six months the monotony of her existence is relieved by the preparation for her first-born. Flour, semolina, butter, honey and spices are got together for the prospective feast; and as the time approaches, fowls, eggs, and a sheep or ram are procured, and quantities of biscuits are made by the happy expectant.

When at last her pains come on, the midwife and her women friends are sent for. Small boys and girls playing about the room are not supposed to be in the way during the every-day performance which ensues. The patient is seated on a stool or hassock in the center, holding herself rigid, and at times nearly erect by clutching at a sash suspended from the roof. Two women hold her shoulders from behind, and the midwife holds her round the waist in front, telling her to testify and pray to Mohammed, which she does with all her might, amid her

yells. If hard to deliver, the patient is sometimes dosed with charm papers torn up in water, or a sheet which has been used by the woman is sent out into the street borne by four school boys, her bracelets lying in the middle. As the lads visit the various mosques and saint-houses of the locality, calling on God to help her the while, passers-by throw in trifling contributions, which go to the schoolmaster, while the boys are awarded by a half-holiday. After delivery, the mother is dosed with honey and aromatic herbs.

If the child proves to be a boy, great are the rejoicings; if a girl, the event is taken philosophically. The cord is tied with string, and cut with a knife. The nose is carefully shaped, the uvula is cut, that it may soon speak well. The placenta, blood, etc., are carefully buried. Children born in cauls are said to have "come wrapped up by God." The new arrival is first smeared with paste of Egyptian privet with which also its palate is painted, and for the first seven days the child is left unwashed and wrapped in old clothes. On the eighth day, called the seventh after the birthday, occurs the ceremony of naming, and the mother and child are purified with the prescribed religious washings, the latter being thenceforth dressed in new clothes.

Sexual connection is not permitted to the parents till forty days after delivery, and then only after a fresh purification. Boys are suckled for two years and two months, and the girls for four months longer, but it is said to increase a boy's capabilities at school if not over two years at the breast. When the mother has no milk for her child, wet-nurses are not difficult to procure; I knew one case in which the grandmother was stated to have supplied the defect as a result of treatment, my note of which I have mislaid, but as nearly as I can remember, it was the application of burnt rabbit's liver to her breast.

The Mosaic regulations with regard to intercourse during the menses were adopted by Mohammed, and are consequently in force, as are also those regulations which determine prohibited degrees of relationship for marriage.

As a curious instance of the skill of some of the native midwives, may be mentioned the experience of Dr. Castex, a military medical attache at Tangier in 1868. His efforts having failed to replace an inverted matrix, a native was called in, who hung the patient up by her heels till it went back. The woman died, it is true, but the doctor did not attribute her death to this mode of treatment.

Circumcision is performed in the towns at the age of four or five, and in the country as late as twelve or thirteen. The operation takes place in some mosque or saint's shrine, at the hands of a barber. Being performed with a pair of scissors while the prepuce is held in the hand, it is always held possible to detect a Jew, from the difference of the resulting cut from that made with a knife on skin held in a special vise. The moment the skin has been cut off, one of the assistants throws over the wound some astringent powder, said to be dried dung of rabbits; and for ointment the fat and oil in which sun-dried meat is preserved is employed.

Castration is often performed when lads are quite young, but from the difficulty of inducing the victims to give information, I can only mention two methods, on native second-hand authority. The one is to cut off the whole of the genitals at once with a gold coin beaten to an edge, and then to cauterize the wound with another gold coin. The other is to tie the feet of the boy together under a bull which has been kept without water for days, so seating him on its back that the testicles are pressed underneath him. The thirsty animal is then set free to seek water at a well-known spot some distance off, the effect of its rapid and uneasy gallop being to castrate the unfortunate rider. Eunuchs only are employed in

the royal harem, where they are very fat and pompous, usually named most fancifully. It has not been unknown for such to attain considerable influence.

INDICATIONS OF CURETTEMENT OF THE UTERUS, AND METHOD OF PROCEDURE. (*Gaz. Méd. de Liège*, March 12.)—Where the placenta is retained, the first thing to be done is to arrest the hemorrhage and prevent infection. Sublimate in 1-1000 solution for the general irrigation, is the best for ordinary use, and if the hemorrhage persists, a 1-4000 solution can be used for an intrauterine injection, very hot, followed by the insertion of a dress, first boiled in a solution of carbonate of soda. The inconveniences of this are counterbalanced by its effect, as its removal next day is often followed by expulsion of the placenta. Where these means are unsuccessful, curettement is indicated, although some, like Pinard, prefer continuous intrauterine irrigation. But this is almost impossible except in the hospital, or home of wealth. The placenta might be removed with the fingers, but it is often more difficult to insert the finger than the curette, which is more thorough in its work. Simple retention requires merely antiseptic precautionary treatment, but in retention with hemorrhage after abortion, and in cases where the fetus has putrefied, and portions are still left, and in all cases of septicemia with fever, chill and pains the curette is urgently called for, if the symptoms persist twenty-four hours in spite of the intrauterine injections. There must be on hand a Sims' speculum, one or two bullet and other forceps, an intrauterine catheter, a sound for the bladder, and curettes of several sizes, styles and scoops, Volkmann's and Recamier's preferred, scissors, razor, and everything carefully sterilized. As the operation is neither long nor painful, it is not necessary to resort to an anesthetic although ether can be given. The patient in the obstetric position, at right angles to the edge of the bed, her limbs held by assistants, the pelvis elevated, the vulva is shaved, washed and scrubbed with soap suds, the bladder is emptied and a vaginal injection made with an antiseptic solution. The neck is held with bullet forceps, and if not sufficiently dilated, this is completed with a Hegar bougie. The curette is then introduced and the entire inner surface of the uterus scraped, first the anterior wall, and then withdrawn to remove the detritus, after which it is reintroduced and the posterior wall scraped in the same way. A smaller curette is then taken and the whole surface gone over, until nothing but clots can be found anywhere in the uterus. The neck is then treated in the same way, after which an intrauterine injection is made. Then with long-bladed forceps a wad of cotton dipped in a 5 per cent. solution of phenic acid or 10 per cent. of chlorid of zinc, is used to wipe out the whole inner surface of the uterus. The uterus is closed with a tampon of iodoform gauze, with a drain; another antiseptic tampon is inserted in the vagina; the vulva is covered with a pad of cotton, and the patient replaced in bed.

THE SURGICAL TREATMENT OF RETRO-DEVIATIONS OF THE UTERUS.—Dr. Augustin H. Goelet, of New York, (in a paper presented at the N. Y. State Medical Society), believes that many of the operations designed for retro-deviations of the uterus, are unnecessary and irrational. The objection to Alexander's operation is the time it consumes and the prolonged convalescence it entails. Both ventro-fixation and vaginal fixation substitute an abnormal position and leave the organ fixed. When the uterus is movable, opening the peritoneal cavity to overcome a displacement is not justifiable if a cure can be effected without it. This should, he thinks, be reserved for those cases where the organ is fixed in an abnormal position by firm adhesions which cannot be otherwise overcome, and in these cases the uterus should be suspended from the

anterior abdominal wall not fixed to it. This secures the organ in nearly normal position of ante flexion, and it is fairly movable.

Vaginal fixation has been given undeserved attention in this country. Its originator, Mackinrodt, has abandoned it. When it is more generally known that the fixed abnormal position which results, offers a serious impediment in pregnancy when it supervenes and complicates labor, it will cease to be recognized as a legitimate procedure.

When the uterus is movable, Goelet dilates carefully, cures the cavity, and inserts a straight glass drainage tube which serves the purpose of a splint and to keep the uterus straight. The vagina is then tamponned with iodoform gauze in such manner as to throw the organ temporarily into a position of anteversion. Subsequently, a vaginal pessary is made to take the place of the tamponade. The tube is retained in the uterus for a week, during which time the patient is confined to bed, but it is removed every day and the cavity is irrigated to remove mucus and clots which may be retained. When the patient is permitted to get up, the tube is permanently removed and a vaginal pessary is employed for a while to maintain the uterus in a correct position until the normal tone of its walls and supports is restored.

When the adhesions are not very firm or extensive they are broken up by manipulations under anesthesia without opening the peritoneal cavity, and the case is then treated as one of movable displacement.

This seems a rational procedure, since it aims at a cure of the metritis and endometritis, the maintaining cause of movable displacement; re-establishes a normal position of the uterus, and leaves it movable. It is entirely free from risk if thorough asepsis is observed, and requires only a week's confinement in bed. The uniform success which this plan of treatment has afforded in his hands, leads him to believe that the other more hazardous and complicated operations designed for retro-deviations, are generally unnecessary.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

THE PATHOGENESIS OF MYOPIA. (*Ann d'oc.*, October, 1895.)—Bitzso considers that two factors exist in the production of myopia—a very great elasticity of the sclerotic, and an increase of the intraocular tension. These two factors must exist and act simultaneously. Everything which contributes to diminish the resistance of the sclerotic, such as serious morbid changes and all debilitating causes, and everything which aids in increasing the efforts of accommodation, contributes to the development of myopia. To prevent myopia, one or both of these factors must be removed; and this, in the midst of our modern civilization, cannot be entirely accomplished in the case of either of these factors. Modern education makes unreasonable demands upon the eyes of the youth of large cities, in the midst of unfavorable or unhygienic surroundings. The educational demands should be much simplified, and this would be an immense advantage not only for the health of the child, but for his intellectual development.

LARYNGITIS, TUBERCULAR. (*Internat. Clinic.*, 4 Series.) Knight: The patient should inhale every hour during the day the vapor of menthol (menthol grains 20, alboline one ounce.) Solution of iodoform in ether should be applied

to ulcers. Krause's treatment by curetting and lactic acid is applicable "only to a certain small proportion of cases in which the pulmonary disease is still very limited and not in active progress." Extirpation of the epiglottis, when ulcerated and when the ulcer is certainly limited to the epiglottis, is justifiable; but extirpation of the whole larynx "probably will not be attempted—at least not in this country."

QUINSY, ABORTIVE TREATMENT. (*Lancet*, February.)—Fox recommends a free application of a strong solution of cocaine in acute parenchymatous tonsillitis, the form which commences on one side of the fauces—peritonsillar inflammation tending to suppuration. In most cases the attack is cut short and suppuration will not occur.

CREOSOTE IN TUBERCULOSIS OF THE UPPER AIR PASSAGES. (*N. Y. Med. Jr.*, May 9.)—Choppell reaffirms his faith in this drug in these affections and reports very favorably upon its use, giving in detail how and when it should be used.

MASTOIDITIS, HYSTERICAL. (*N. Y. Med. Jr.*, May 9.)—Sheppard reports three cases of hysterical mastoiditis. The diagnosis is not easily made. Placebos with assuring words quieted them.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The second regular May meeting was held May 15th, the President, Dr. Brainard, in the chair.

Dr. F. O. Yost read a paper on Uremia (abstract in May PRACTITIONER.)

Dr. W. H. Fales opened the discussion as follows:

In treatment I would object to the use of morphine; think it is used too generally not only in uremia, where it retards the action of the kidneys, but in other cases where it masks the symptoms. The indications are to control convulsions and eliminate toxins; this can be done best by venesection and digitalis.

Dr. F. D. Bullard: Two weeks before her confinement I was called to see a girl 14½ years of age—examination of her urine was negative. For a week before confinement she had headaches, but I was not informed of them. Her labor was uneventful, but just before the delivery of the child she was slightly delirious. The placenta followed quickly and the perineum was just repaired when a convulsion occurred. Within an hour and a half there were five or six; one-fourth grain morphine was given hypodermatically and chloroform by inhalation. After Dr. M. L. Moore was called in consultation, free venesection was done, forty grains of chloral given per rectum and two drops of croton oil in olive oil were placed on the tongue. She was not quite rational for two or three days. There was some pulmonary edema from the violence of the convulsions and if pilocarpin had been used it would have increased this; would consider it an unsafe remedy. I report this particularly because it developed within so short a time. The urine drawn after the convulsions contained about fifty per cent of albumen. (The albumen gradually diminished, but did not disappear until five weeks after confinement.)

Dr. S. A. Knopf: The first time I saw bleeding done in uremia was in Paris, and it was so effective I have been an enthusiast for it ever since; would not use pilocarpin. Tarnier's practice is to put pregnant women with albumen in urine on a strict milk diet.

Dr. Fales asked if any one had used veratrum.

Dr. R. W. Miller replied that several years ago he had used veratrum; he had thought with success, but as other remedies had been used also he didn't know that result was due to veratrum. He was glad to hear venesection recommended.

Dr. E. A. Praeger: I read a paper recently written by Dr. Henry Morris, who says uremia is frequently caused by stone in the kidney and gave report of cases. In hunting for cause, especially in the male, it is worth considering whether a stone may be present.

Dr. F. W. Steddom: I was called to a woman in labor about 5 P. M.; in a short time convulsions came on. I sent for Dr. E. T. Shoemaker; we induced labor as quickly as possible and she was delivered in two hours from the time I first saw her. A peculiar feature was that she retained consciousness; convulsions would come at intervals of about 1½ hours. We used chloroform, chloral and croton oil—she could swallow but would not talk. I stayed with her all night and Dr. S. relieved me in the morning. By noon she was jaundiced; there was albumen in the urine and a profuse offensive perspiration. She didn't expect to get well, but remained rational until her death, which occurred in the afternoon. We were not able to get a post-mortem.

Dr. W. W. Hitchcock: This is a very important question, and it is well to talk it over, as one is liable to have a case at any time. I attended a peculiar case, a blind woman in convulsions in her fifth labor; her mother said she always had them from three to five days. There was no albumen in the urine; she recovered as she had before. Some cases may not be uremic, but due to some other poison. In examining urine the chemical test is not sufficient; may find casts without albumen. I had a patient with uremic asthma; would have attack until there had been sufficient perspiration to eliminate the poison. I could not find albumen, but by staining with eosin found hyalin casts. The feature of treatment was to secure elimination—prolonged patient's life a year by hot air baths. I have never seen croton oil work in uremia and I have given from three to five drops. Venesection is sensible treatment.

Dr. Lund: I have seen seven cases in consultation with three maternal deaths. Treatment was chloral per rectum and chloroform. Croton oil was found more reliable than elaterium. The practical point to be impressed by these discussions is to make a routine practice of thoroughly examining the urine of every pregnant woman under your care.

Dr. Yost: Most American practitioners object to morphine, preferring chloroform, but morphine is always handy. Pilocarpin should be used with caution. Particular attention has been called to veratrum in several papers recently, claiming very excellent results; it causes relaxation, but does not remove the toxic material as does venesection. I read an account of a case of uremia reported by Bright in which there was consciousness between convulsions, and we cannot doubt his diagnosis.

Dr. J. H. Ryan was elected to membership.

The first regular June meeting was called to order by the President at 8:30 P. M., June 5th.

Dr. F. C. Shurtleff reported a case of stab wound involving the pericardium, with recovery. Henry K. received a stab wound one and a half inches below the left nipple and one inch to its sternal side; shock was profound, which was combatted with sulphate spartein hypodermically with application of heat to the body, keeping the head low for fear of fatal syncope. After reaction from shock, the antiseptic dressing was removed that had been previously applied, and A. C. E. Mixture administered to

determine the amount of damage done. A probe showed the wound to take a downward, backward and inward direction; an incision was made in the intercostal space including the original wound and the intercostal artery was found to be partially severed, which was the cause of a troublesome hemorrhage. The pericardial sac contained blood clot, which he turned out by finger, and the sac was flushed out with a saturated solution of boric acid by means of a recurrent catheter, which was invaluable in this case, as pleura was found to be involved. An excision of costal cartilages was performed to enable a better exploration and to secure the bleeding vessel.

He concluded:

1. That operation should be performed when patient has reacted from shock.
2. That drainage should be instituted in this class of cases for fear of suppurative pericarditis and suppurative pleurisy.
3. That as knives in the hands of laymen are septic, one is not justified in treating by the closed method.

DISCUSSION.

Dr. Praeger: Unfortunately the few cases of stab wounds that I have seen have been rapidly fatal; being murderous cases, the knife has not stopped at the pericardium. I'm not sure but that in such a case I'd have closed the wound; do not see why the pericardium may not be closed as well as the peritoneum. De Vecchio has reported the tolerance of the heart muscle to suture and although he did not state it, I presume the pericardium was also sutured.

Dr. Hitchcock: The surgeon would be very negligent who, if the patient had survived a few hours, would not give him a chance for life. I would take issue with Dr. Praeger, as these wounds are made with septic instruments through dirty clothing; would rather keep the wound open a few days. As to the anesthetic, there is a peculiar form of nervous shock present and I think chloroform preferable. Dr. Shurtleff's point as to the position of the patient was well taken—should be particular to keep the head low to prevent syncope.

Dr. F. D. Bullard: As to the anesthetic, I should prefer ether, as that is the best drug to use in shock. I have used ether in several instances where the patient was in a critical condition from loss of blood; the ether stimulates the heart very perceptibly.

Dr. Davidson: Any anesthetic, by relieving pain, will steady the pulse. In this case, emphysema being present, chloroform would be preferable. The position is very important; I saw a man die while being carried into the house—think if he had been prone, he would not have died, as only the intercostal artery was cut.

Dr. Hitchcock: My reason for using chloroform would be to keep the patient in the same condition until the extent of the injury was ascertained—ether being a heart stimulant would raise the blood pressure and increase hemorrhage.

Dr. Shurtleff: In emergency cases I always employ chloroform lest the ether rekindle a possible lung or kidney trouble. At this time I was using the A. C. E. mixture (alcohol one part, chloroform two parts and ether three parts) in all cases. As to closing the wound, I should have stated that in this case I removed a fragment of the clothing from the inside of the wound, and I do not think Dr. Praeger would have closed it under the circumstances.

Under verbal communications, Dr. E. A. Follansbee informed the society that Mr. and Mrs. D. K. Edwards had endowed a bed for a child in the Good Samaritan Hospital in memory of their own little one who had recently died. She also stated that if any of the physicians knew of a child needing hospital care, the bed was at their disposal. After remarks by Drs. Hitchcock, Praeger and David-

son, commending this action, it was moved and carried that "a vote of thanks be tendered Mr. and Mrs. D. K. Edwards for their having founded a free bed for sick children at the Good Samaritan Hospital and that the secretary notify them of the action of the Association."

ROSE T. BULLARD, Secretary.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The Seventeenth Semi-Annual Meeting of the Southern California Medical Society was called to order, at Pomona, by the President, Dr. Geo. L. Cole.

Addresses of welcome were made by Gen. John Wasson, President of the Pomona Board of Trade, and Dr. T. J. Dills, of the Pomona Medical Society, and responded to by Dr. H. Bert Ellis.

The annual address was given by the President, Dr. Geo. L. Cole. (Page 204.)

Dr. Geo. E. Abbott, San Diego, Chairman of Committee on Obstetrics, read a paper entitled "In the Lying-in Room." (Will appear later.)

Dr. D. B. Van Slyck, Pasadena: Mr. President—This admirable paper is above criticism, and is the more impressive from being so fully illustrated. The doctor doubtless assumes that the patient is carefully prepared by a thorough general bath of soap and water, and the field of operation duly disinfected. There is a difference of opinion as to the need or advisability of ante and post-partum douches. It seems to me that if the patient is properly disinfected to the introitus of the vagina, the douche before labor is not needed. The normal vaginal secretions are hostile to pathogenic germs, and the washing of them, especially with bichloride solution, calculated to do harm by removing the natural lubricant and rendering the mucous membrane harsh and dry.

The discharge of the liquor amnii is itself a disinfecting process.

After the completion of labor, if conducted aseptically, there is less risk of infection, I think, by leaving the case to nature than exposing it to infection from contact of the syringe, and possibly unclean fingers. When the odor of lochia becomes offensive is soon enough to begin douching.

I am in favor of the binder, but prefer a straight one, but it is important that it be properly applied. The upper edges should cross each other in front obliquely downward, so as to conform to the prominence of the hips and still fit smoothly over the abdomen.

I give chloroform in all cases, especially at the termination of the second stage, as I thus have complete control of the presenting part, and can retard its advance until the soft parts are sufficiently dilated, and so make it almost certain that no laceration will occur. If necessary, for this purpose I would induce complete anesthesia.

I agree fully with what the doctor says about obstetrical fees. It is absurd to take all cases for a lump sum, regardless of the number of hours of attendance, or the number of visits made. In uncomplicated cases most of us make visits enough to equal, at ordinary rates, our fee, with no charge for attendance, responsibility, or extra visits in unusual cases.

Dr. Theoda Wilkins, Pomona, read a paper on "The Care of the Breasts After Parturition." (Page 204.)

DISCUSSION.

Dr. M. F. Price, of Los Angeles: The paper was excellent, with very little in it to criticise. It seems to be true in many cases, just as the writer says, that those physicians who do the most to the nipples and breasts before labor, have the most trouble with the same after parturition. Follow nature and you get the

best results. I believe the author's plan of washing out the mouth is a good one.

It seems to me that the shields, either glass or rubber, are made on a wrong principle. Their angles are too acute, they should be obtuse so that the milk ducts at the base of the nipple shall not be compressed.

Eroded or fissured nipples are very painful and women suffer everything in trying to nurse at these times. The important point in treatment is cleanliness, in the way of medication, tannates of bismuth has given me the very best results. For mastitis, massage and pressure; it may be aborted by pressure produced by narrow strips of adhesive plaster. The whole thing may be summed up in judicious care and absolute cleanliness.

Dr. Geo. E. Abbott, San Diego: I have noticed that mothers are liable to have infant on left arm and nursing left breast, then the next time on the right arm to nurse from right breast, which is liable to produce large pendulous breasts. It is better to allow infants to nurse from each breast every time.

Nature has provided a good masseur in the baby. I believe that it is a bad principle to massage from the periphery, for if there is any damming up it is better to begin at nipple that the obstruction may be removed. I believe that warm applications are better than the cold.

Dr. E. A. Follansbee, Los Angeles: I believe in support for the mammae and think this may be best accomplished by corset covers properly adapted and held by safety pins.

Dr. Frank Garcelon, Pomona: The frequency and time occupied in nursing has much to do with making sore nipples.

Dr. Chas. C. Browning, Highlands: In mastitis use massage and compression by adhesive plasters, and the bromide of potassium in 10 grain doses.

Dr. D. L. Beckingsale, Covina: In eroded and fissured nipples I believe astringents are prejudicial, making the parts hard and brittle. I have used emollients with happy results.

Dr. Theoda Wilkins: Nursing of both breasts at each nursing is bad theoretically, as too frequent use is said to make milk thin.

Dr. Frank Garcelon, Pomona, read a paper on "Some Septic Conditions Following Labor."

DISCUSSION.

Dr. Geo. L. Cole, Los Angeles: This is a most interesting subject, and I am especially interested in the part where the doctor speaks of an intra-uterine douche of hot, mild bichloride solution. I know of no simple procedure productive of so great good in the beginning of sepsis as this. I have had little sepsis, but in a few instances where there was fever which could not be attributed to other causes, I have had great benefit from the use of this measure. It is not free from ill effects if the solution is not mild (1 to 8 or 10 thousand) and followed by hot sterilized water as mercurial poisoning has been reported. In one case after the first douche the temperature dropped from 104° to nearly normal, and another brought it to normal, the irrigation bringing away shreds of membrane and foul-smelling fluid.

Dr. E. A. Praeger, Los Angeles: What we have called puerperal fever is really a variety of diseases and may be divided into two classes, viz., those in which the infection is received from without, the streptococcus, and those in which infection comes from what the patient carries with her as a recent gonorrhea, a pus tube or the inflammation of a small ovarian cyst which had been subjected to pressure during labor. With respect to the first, preventive measures should be used, but if sepsis occurs, then means must be used to control. With regard to

intra-uterine douching, I have a fear of the bichloride solution in a germicidal strength. I would render the vagina aseptic by green soap and water and a douche of 1 to 4000 bichloride and then use plain sterilized water for the uterus. Indications for curettage depends on the cause. Should use the sharp curette, but with care, so as not to perforate the uterus; then pack lightly with iodoform gauze.

With regard to the quotation by Dr. Garcelon that "one case of puerperal fever means neglect, and two means criminal carelessness," I think we are inclined to blame ourselves too much; we must not forget that the nurse may be responsible.

Dr. W. L. Wills, Los Angeles: We should be grateful to Dr. Garcelon for bringing up the subject. Its importance must be iterated and reiterated. We are practicing under unfavorable conditions. People have an idea that any one can deliver and any old woman care for a woman in labor. If doctors would take a stand against taking a case without a proper nurse much would be accomplished. You have the responsibility, but are at the mercy of the nurse. Women differ in resistance; in consultation with a medical student I delivered a woman, in Sonora-town with face presentation by intra-uterine high forceps operation, and although surroundings were very unfavorable, there was no sepsis. But where this woman would live our American women would succumb.

Dr. D. B. Van Slyck, Pasadena: I was pleased with the paper. I am fond of the curette in proper cases, but have doubts as to use here except in some. We have an infected uterus and have no assurance that we can make the field aseptic but leave a traumatic surface for reinfection. If recognized soon enough and uterus is irrigated, you anticipate need for curettage. If membranes or placenta are retained, use the curette, but it should be guarded by the finger. Puerperal fever is not very fatal, unless it becomes peritonitis, when it is serious; but its after results are more serious, and cause more of the ill health of women than any other condition.

Dr. Praeger: I do not wish to be understood as urging curettage in every case, but think if done it should be done thoroughly. It must be curetted down to muscular surface when hemorrhage will cease; this is a good rule and if hemorrhage continues, you may know you have not been thorough.

Dr. Van Slyck: We should be cautious in the use of the curette, especially the younger practitioners because the puerperal uterus is soft.

Dr. Wills: I would like to ask Dr. Garcelon when he would use the curette.

Dr. Geo. E. Abbott, San Diego: If we wish to extract the juice of beef we use cold water, but if we wish to retain juices we use hot water and surface is seared over. If we use very hot water in the uterus at first, it will contract quickly and throw the infectious material into the system; while if a warm solution is first used, the uterus contracts slowly and throws it into the uterine cavity and it is drained out. In the uterus we have a traumatic surface, in appearance very like the surface of the placenta. If the placenta is exposed to the air until a mold comes on, it would take a pretty strong current of water to wash it away, so in many cases the curette is needed to clear out the uterus.

Dr. T. J. Dills, Pomona: I wish to ask if Dr. Praeger has seen a case of auto-infection.

Dr. Praeger: I have seen cases where the infection came from conditions within the woman, but am not enough of a bacteriologist to take up the question of auto-infection.

Dr. Garcelon: I do not use the curette in every case with a rise of temperature and pulse, but after the ordinary remedies have been used without effect, advo-

cate the curette. The finger is the best for retained membranes or placenta, but in some cases think the curette is necessary; am not perhaps so afraid of it as I should be—the eminent Dr. Goodell said that he had perforated the uterus several times without harm. The scraping out of the mucosa has sometimes been followed by a chill, but in twenty-four hours, there has usually been great improvement.

Dr. Granville MacGowan gave a report of two cases of litholapaxy. Page 210.

DISCUSSION.

Dr. Wills: There is not much I can say on this paper; do not know any one else who is doing this specialty in Southern California. These instruments are a great improvement on the old ones. The Society is under obligations to the doctor.

Dr. A. Davidson, Los Angeles: I have seen but few cases. This is a new claim for Southern California—we have claimed everything else and now it appears that we do not have stone here; the reason is difficult to give. I have seen two cases, one following a prolonged cystitis and in one I sounded for stone without finding one, but the next day a small one was passed. I think this report memorable in other respects, as in the history of this society it will probably be recorded that the last cases of litholapaxy were reported by Dr. MacGowan at this time. I think it is an operation of the past; think the supra-pubic operation more satisfactory. Bryant, of England, said he had relinquished the operation.

Dr. Browning: Wish to ask if the presence of kidney stone is so rare as stone in the bladder; have had one case and saw another incidentally.

Dr. MacGowan: People present symptoms who are not anxious to have you cut down, so cannot answer. I have operated upon three cases in one and a half years.

Dr. A. L. MacLeish: I have had no experience with this operation. Had one lithotrite, but found that one size was of little value; have only used it on a stone which was too large to be removed by left lateral lithotomy. I afterwards devised a method of bimanual examination with four fingers in the rectum and one hand supra-pubic, by which I could estimate the size of a stone and have not erred more than one-eighth of an inch, so could adapt the incision to the size of the stone.

Dr. MacGowan: German scientists have experimented with the X rays in diagnosis of stone, but have made no impression on plates in either the kidney or bladder.

Bimanual maneuver is common to every one doing such work—would be inclined to doubt so accurate an estimate unless in children or small thin people. Guyon says cannot estimate size and not even always ascertain presence by this means. As to the operation being abandoned, my own master, Guyon, who knows more on this subject than any one else, Sir H. Thompson and Fenwick, the English assistant of Guyon, never cut when they can crush. Mansell Moullin is also very much in favor of this except where stone is too large. All who have performed supra-pubic cystotomy, although it is simple, any number of times, have been unfortunate enough to enter the abdominal cavity. I have seen three cases which have died—one in my own practice. I prefer the supra-pubic to the lateral operation—sometimes do the median. I have seen two or three men who had been emasculated in the lateral operation. I should think any operation that can be done without injury to the tissues would commend itself to men of common sense, and I am willing to stand with Fenwick, Guyon, Sir H. Thompson, Moullin, Albarran, Arthur Cabot, Keys and Chismore.

Dr. W. W. Murphy, Los Angeles, Chairman of Committee on Ophthalmology, read a paper on The Ophthalmoscope as an Aid to Diagnosis. (Page 207.)

DISCUSSION.

Dr. MacLeish: I am thankful for this lucid account; it is not new matter, but needs to be constantly insisted upon. It has always seemed to me that there is too much tendency to insist on the value of the ophthalmoscope to the general practitioner; the finer shades of alteration are too difficult to estimate by one who is not constantly engaged in its use. If in practice on the normal fundus will get benefit, although the normal appearances are sometimes varied so that they might be considered abnormal, *i.e.*, physiological peculiarities in the region of the macula may, when seen first, be mistaken for albuminuric retinitis. Again, the examination may only afford negative evidence. Statements as to its value should be guarded by these probabilities, although I am as much inclined as Dr. Murphy to appreciate its aid in diagnosis.

Dr. R. W. Miller, Los Angeles: I wish to commend the paper. Dr. Murphy did not urge the value of the ophthalmoscope in the hands of the general practitioner, but rather in hands of one accustomed to its use. I was impressed with the statement by Charcot that about all cases of apparent simple atrophy are followed by locomotor ataxy. Having observed a number of cases for several years without the development of this disease, I would feel inclined to be doubtful notwithstanding the high authority.

Dr. Davidson: Wish to ask if ear diseases can be detected through the eye any sooner than by other symptoms.

Dr. Murphy: In middle ear inflammation, if optic neuritis is found, the diagnosis of extension to the brain is certain, whether or not there are other symptoms of this condition.

Dr. MacGowan: I was impressed by Dr. MacLeish's remarks in regard to the general practitioner's use of the ophthalmoscope; his opinion as to what he sees is not worth much either to himself or others. I took an oculist to see a case of tubercular meningitis, and also examined it myself. I got a fairly good view, but it did not mean anything to me. Would like to ask if there is any definite appearance in tubercular meningitis.

Dr. Murphy: In tubercular meningitis you expect to find optic neuritis—a choked disk. You may not always find it, but if it is present it is positive proof. My paper was to bring out the use of the ophthalmoscope as an aid to diagnosis in competent hands. While I admit the difficulties and restrictions in its use, the same thing applies to all the mechanical aids, the stethoscope, microscope, etc., yet we do not doubt their efficiency.

(To be continued next month.)

SAN DIEGO COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the San Diego County Medical Society was held June 5. President P. C. Remondino in the chair. After the usual routine of business Dr. H. G. Burton was called to the chair, and Dr. Remondino read a paper on the various modes adopted by the unethical to advertise themselves for the purpose of obtaining more business. After referring to the quackish methods of the ancients, and to the advertising methods of the quacks of the last few centuries, he called attention to the fact that all advertising was by no means accomplished through the medium of journals or by simple cards calling attention to one's business. A very offensive but at the same time efficacious way of self-advertising is to assume to possess great wealth, and to

profess not to be obliged to practice, just as if to practice medicine was disgraceful. This method is not without its paying returns, as its success depends upon the unphilosophical social habits of the times to worship wealth—without even inquiring whether it really exists or not. Most people are taken in by the most brazen-faced assertion and assumption in this regard. One such advertiser was so inconsistent as to add a postscript to all the bills sent out, urging his patrons to pay promptly, as he was in sore need of cash—always having some one reason for being in sad need of money. Regardless of this postscript—which was the truthful state of affairs—people took him on his assumed riches. Just why a man so representing himself should succeed in ordinary business over one that does not, is a theory that may well shake our faith in the moral and mental progress of the masses. Nine times out of ten their mode of advertising proves successful.

Another successful method is to progressively exaggerate the amount of business done, and to conjure up fictitious operations and dangerous diseases in one's charge. One successful itinerant advertiser was wont to have the town crier offer a large reward for the recovery of a lost dog. This the crier would do, to beat of drum or blare of trumpet, announcing the locality of the doctor where the dog was to be delivered. The exorbitant amount offered for the fictitiously lost dog stamped the doctor at once as a man of unlimited wealth and therefore as a most sapient man, so that the mere mention of the dog was sufficient to bring him a large business. Some men develop a wonderful ingenuity in the matter of so advertising themselves so as to secure a large amount of business. One man seemed to sit up nights to devise new schemes, as he was the most prolific man in existence as to methods. The papers, and every event that occurred, as well as every man, woman or child that he came in contact with, were turned into so many conscious or unconscious advertising agents. He was wont to do the most unprofessional things, arouse the resentment of all the medical men in the neighborhood, and turn it all to further account by soliciting the sympathy of the laity, claiming that the rest of the profession were actuated by jealousy. Many itinerant quacks find this a paying card, and never fail to make some attempt at rousing the resentment or criticisms or honest indignation of the practitioners, either by some wholly unnecessary fling at the profession, or by making the most groundless assertions or boast as to standing and skill. That they succeed in their enterprise is another evidence of the lack of analytic powers on the part of the laity, as they are made to dance to any music that the quack may choose. As well known, success in medical practice is at times the reward, more of ingeniously contrived business methods, than a tribute to any combination of moral and mental attainments, and as the most ignorant and morally degenerate man may at times run a grand career, it is not surprising that the educated man who cultivates business methods—regardless of their unethical bearings—should rely more upon his ingenuity as an advertiser than upon either his moral or professional rectitude or the good opinion of his fellow practitioners. The latter named factor in success as a medical man is too slow in bearing fruit for him, who does not propose to waste many minutes of sunshine. The doctor then gave some very interesting cases of offensive advertising occurring under his notice, and while admitting that it paid in most instances, advised medical men to avoid all the temptations that led into such channels. The overcrowding in the ranks and the consequent increasing struggle for existence may, in a measure, be an excuse for that state of things, but it will surely end in the degeneration of the body politic of the profession unless we take a determined stand, and by

calling the too reckless to some accounting, put a check to the rapidly spreading evil.

Dr. V. D. Rood, in opening the discussion, gave it as his opinion that the professional man who is honest with the profession and with his patients, will succeed best in the end, also that the self-lauding physician might fool all the public part of the time and a part of the public all the time, but would at an early day find his level.

Dr. Fred Baker was of the opinion that there was a whole lot of irregular work in the profession. A large part of the trouble grew out of the custom of people carrying tales from one physician to another, and as a result any physician in the city could be brought under charges of irregularity.

Other members participating in the discussion were: Drs. H. G. Burton, R. L. Doig and P. J. Parker.

THOS. L. MAGEE, Secretary.

VICTORIA, B. C., May 28, 1896.

To the Editor of the Southern California Practitioner:

Dear Sir: Our city has been plunged into mourning by the melancholy termination of our Queen's birthday festivities, the particulars of which have been placed before you in the daily press. Such occurrences as these show the necessity of our public educators giving more attention to matters of such practical import as the resuscitation of the apparently drowned. While nothing could be said too complimentary with regard to the willingness and faithfulness of all volunteer workers it was painfully evident that even after having been shown the method of artificial respiration, many of the operators, on account of not knowing the reasons for such movements, and possibly partly through the intense excitement of the moment, were accomplishing practically nothing. With a limited number of medical men and the number of bodies taken from the water so great, it was practically impossible to give all the attention that we desired. In view of the deplorable results of this accident, I would urge upon the profession the necessity of arousing the public to greater activity in the direction of life saving measures.

It might be interesting to some of your readers to know that the St. John Ambulance Society has established a course of lectures with examinations, certificates, etc., which includes all that is essential and meets the indications herein outlined. What could be more instructive or interesting for young people's clubs, social or athletic, or the Y. M. C. A., than a course of lectures upon first aid to the injured?

In common with other parts we have been somewhat agitated over the question of lodge practice. The Victoria Medical Society has declared that club contract practice shall render any physician ineligible for membership and acting upon this decision the physicians, who have been retained by the clubs, have agreed to submit to their respective societies the following conditions: "We hereby agree to act in our former capacity, and at the end of each quarter submit to each society a statement of medical and surgical services rendered."

If this be not favorably considered, withdrawal from club connection will be in order.

The writer's preliminary experiments with the X rays have been satisfactory. A photograph of a crushed finger showed the splintered bone distinctly.

ERNEST HALL, M.D.



JACKSON'S NAPA SODA SPRINGS—The Home of Napa Soda Mineral Water.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Subscription price, per annum, \$1.50.

ADVERTISING RATES:

SPACE.	3 Months.	6 Months.	9 Months.	12 Months.
One page.....	\$20 00	\$35 00	\$40 00	\$60 00
Half page.....	10 00	20 00	30 00	35 00
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Address all communications to

H. BERT. ELLIS, M.D.,

F. D. BULLARD, A.M., M.D.,

Editors and Publishers Southern California Practitioner.

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

THE DISTRICT SOCIETY.

The Seventeenth Semi-Annual Meeting of the Southern California Medical Society was held at the Board of Trade rooms, in Pomona, June 10th and 11th, and in spite of the unusual warmth of the weather was fairly well attended. The following officers were elected for the ensuing year. President, Dr. Geo. W. Lasher, Los Angeles; Vice Presidents, Dr. F. Garcelon, of Pomona, and Dr. Geo. Abbott, of Coronado; Secretary and Treasurer, Dr. H. Bert Ellis, of Los Angeles.

Owing to the fact that several of the papers were not presented the afternoon session on Thursday was not held, and some of the "brethren" arrived too late to enjoy the proceedings. Among the belated arrivals was the genial Remondino, from San Diego, who calmly stepped off the cars, overcoat in hand, as the Los Angeles contingent were boarding the train for home. The doctor had been waiting some six hours at San Bernardino, investigating climate and com-

paring the marine variety with the interior, but when he did arrive it was too late to express his opinion, which doubtless was a few degrees warmer than the thermometer indicated.

The local men turned out well, but we feel that the old custom of having the midsummer meeting on the coast is a good one.

The following were elected to membership: Drs. P. A. Cashon, Thos. Coates, T. J. Dills, E. Henderson, V. A. Howeth and T. Hardy Smith, of Pomona; Dr. D. W. Hunt, Claremont; Dr. J. C. King, Banning; Dr. C. L. Stoddard, San Bernardino, and Dr. J. H. Seymour, Los Angeles.

THE PAN-AMERICAN MEDICAL CONGRESS.

The Second Pan-American Medical Congress will be held in the City of Mexico next November. It behooves the physicians of Southern California to be represented there, as there are quite a number in the profession here who are conversant with the Spanish language. There still remains in this section a goodly number of people for whom this is the mother tongue. We believe that the United States ought to take an important position in the congress, and it certainly belongs to Southern California to do their share, as Mexico, when we consider the vast distances involved in the term "Pan-American," is the next door neighbor to Los Angeles. It is to be hoped that a large delegation may go from this county. The International Executive Committee for the United States have sent out the following circular:

The Committee on Organization of the Second Pan-American Medical Congress has elected Dr. Manuel Carmona y Valle President, Dr. Rafael Lavista Vice President and Dr. Eduardo Liceaga Secretary, and has announced November 16, 17, 18, 19, 1896, as the date of the meeting to be held in the City of Mexico.

The most cordial invitation is extended to the medical profession of the United States to attend and participate in the meeting.

Titles of papers to be read should be sent at the earliest practical date to Dr. Eduardo Liceaga, Calle de San Andres num 4, Ciudad de Mexico D. F. Republica Mexicana.

The date selected is in the midst of the delightful midwinter season when the climate of Mexico is the most attractive to the northern visitor.

The occasion should stimulate the medical profession of the United States to a most cordial reciprocation of the generous patronage accorded the Washington Meeting of the Congress by our Mexican confreres.

It should be remembered that the United States is the largest, and in many regards the most important of the American countries and tha

as a consequence more is expected of it than of any other Occidental Nation. In no particular is this more true than in the maintenance of position in the realm of scientific medicine on the Western Hemisphere. It is, therefore, simply essential that in this Congress—the most important of all Medical Congresses, in its exclusive, yet broad, American significance—the best thought and the best work of the American profession shall be conspicuous in the proceedings.

The zeal and enthusiasm of the Mexican profession and the active interest of the Mexican Government are co-operating to make the second Pan-American Medical Congress attractive, important and memorable.

Those who contemplate attending should send their names and addresses at as early a date as possible to Dr. Charles A. L. Reed, St. Leger Place, Cincinnati, that the committee in Mexico may be advised of the probable attendance.

COMMENCEMENT EXERCISES OF THE COLLEGE OF MEDICINE.

The commencement exercises of the Medical College were held Thursday evening, June 4th, at the Los Angeles Theater. The house was well filled. Drs. H. G. Brainerd and D. C. Barber delivered the addresses. There were ten graduates, Melvin A. Bresee, Chas. L. Caven, Wilder Dwight, J. L. Rogers and Herbert N. Wales, of this city; Mrs. Nettie E. Hammond, of Denver; Wah Jean Lamb, of Canton, China; J. G. McLeod, of Seaforth, Ontario; R. J. Taylor, of Covina, Cal., and Dr. Wm. Todd, of New Zealand. This is the largest class ever graduated from the institution. The PRACTITIONER wishes each and all a successful professional career. Dr. M. L. Moore, Professor of Obstetrics, according to his custom, presented a special prize to the student passing the best examination in that branch. The prize, a handsome case of obstetrical instruments, was awarded to Chas. L. Caven.

EDITORIAL NOTES.

Dr. J. T. STEWART, who intended to go to Europe, met with an accident in Baltimore and had to return home. While watching an operation he, with another physician, was standing on a chair. The other gentleman stepped down and the chair tipped over, throwing Dr. Stewart to the floor, badly spraining his hip, so he was compelled to use crutches.

Dr. WM. DODGE has removed to the Byrne Block and has his office with Dr. Wellington C. Burke.

THE Drevet Manufacturing Company, of New York, has secured an injunction against Dr. A. P. Beach, of Seville, O., restraining him from using their trade mark, Glycozone.

A PARAGRAPH is going the rounds of the medical journals, giving a formula for making palatable castor oil. We are informed that this formula is protected by a number of patents, and druggists preparing the articles according to it render themselves liable to prosecution.

DR. SAM'L. L. KISTLER wishes to locate in California, and desires to correspond with physicians who wish to retire from practice. A partnership with a physician who is well established would be acceptable, if mutually agreeable.

Dr. Kistler offers his outfit in Columbus, O., for sale on very favorable terms. Address all communications to S. L. Kistler, 142 N. Fourth street, Columbus, O.

THE Wm. F. Jenks memorial prize will be awarded to the author of the best essay on "The Etiology and Pathology of Diseases of the Endometrium, Including the Septic Inflammations of the Puerperium." The prize is open for competition to the whole world, and must be sent to the College of Physicians of Philadelphia, before June 1, 1898, addressed to Barton Cooke Hirst, M.D.

THE recently completed Bullard Block has attracted a number of physicians. Drs. H. Worthington, W. C. A. Theile, T. E. Post, W. G. Cochran and J. H. Bullard have offices there.

DR. W. G. COCHRAN has been recently appointed Medical Director of the Bankers Alliance Life and Accident Insurance Co., of Los Angeles.

DR. J. M. RADEBAUGH, Pasadena, has gone to Europe for some months, having a patient in charge.

DR. H. G. BRAINERD and F. D. Bullard have removed to 315 W. Sixth street.

DR. L. Y. KETCHAM, late of New York City, has located at Escondido.

THERE are now twenty-five practicing physicians in Pomona. Taking 7,000 as a basis for their population, there is one physician for every 260 people.

VENTURA has as many skilled physicians as any town of her size in the State and there is very little common sense exercised by people who rush to see a quack doctor, who, in all probability, will charge them double rates before they are through with him.—*Venturian*. We are glad to note such sentiments from the lay press.

THE Arizona Medical Association, with Dr. P. G. Cotter as President, held its annual meeting the last of May. The following officers were elected for the ensuing year: Dr. D. M. Purman, President; Dr. E. W. Dutcher, First Vice President; Dr. T. W. Collins, Second Vice President; Dr. T. D. Dameron, Secretary; Dr. H. Jones, Treasurer; Dr. T. B. Davis, Essayist. The next meeting will be held in Phoenix in February next year.

DR. C. J. GILL, Riverside, has returned from Chicago, where he has been taking some post-graduate work.

AT the last meeting of the Pasadena Medical Society at the offices of Drs. Rowland and Janes, the question discussed was, "Why so many mothers failed to nurse their children?" The discussion was opened by the President, Dr. Rowland. In the discussion that followed some who had had a long and extensive experience denied that it was true, while the majority agreed that it was a lamentable fact that many did not, who, if they would, were able to. The reasons suggested for those that could not, were improper education as well as food, dress and a lack of proper exercise and muscular development. Among the wage earners, the desire and necessity of adding to daily income in the struggle for existence leads them to resort to the nursing bottle, ringing the changes on all the many kinds of baby foods which are every where advertised with a flourish of trumpets and pictures of children who have lived in spite of them, unmindful of the multitudes that have filled an early grave on their account. Those in better circumstances are led from a supposed demand of society upon them to relegate their children to the tender care of a nurse and the inevitable bottle. Much was said about the improper education of our girls, crowding their brains at the expense of their bodies. The only remedies suggested were a better education as to muscular development, diet, dress and exercise. Many helpful suggestions were given as to the duties of physicians in regard to the matter. Dr. Chapin, of Altadena, was appointed to read a paper at the next meeting, which will take place the last Friday in June.

BOOK REVIEWS.

A TEXT BOOK ON PATHOGENIC BACTERIA FOR STUDENTS OF MEDICINE AND PHYSICIANS. By Joseph McFarland, M.D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania, etc. With 113 illustrations. Philadelphia: W. B. Saunders, 525 Walnut street; 1896. \$2.50.

This is a work that the modern physician must have—or if not this, then some other book like it. But the position held by this book is an exceedingly pat one. It sifts out from the great mass of facts in bacteriology, the things essential about

those bacteria which are proven pathogenic by the toxins which they engender or the lesions they produce. It is then conveniently practical.

The work is divided into two general parts, the first containing articles on bacteria, their biology, and methods of observing them, immunity and susceptibility, sterilization and disinfection, cultivation, culture media, cultures, the cultivation of anaerobic bacteria, experimentation on animals, and bacteriologic examination of air, water and soil.

The second part treats of specific diseases and their bacteria, which the author groups under three heads: I., phlogistic suppuration, tuberculosis, leprosy, glanders, syphilis, actinomycosis, mycetoma, *farcin du boeuf*, rhinoscleroma; II., toxic diseases, diphtheria, tetanus, rabies, symptomatic anthrax, typhoid fever, cholera spirilla resembling cholera spirillin, pneumonia; III., septic diseases, relapsing fever, influenza, malignant edema, measles, bubonic plague, tetragenis, chicken cholera, mouse septicemia, anthrax, and typhus murum.

The above shows how extensive is the work, and yet how it is limited to practical pathology. It gives in a clear succinct style what we now know of other questions, Marmoreck's anti-streptococcus serum even receives favorable mention. It goes into bacteriological technique concisely, and it dwells just enough on bacteriological biology to enable the student to understand the resultant lesions. This is a work which those practitioners of medicine who graduated before the day of the microbe, ought to have, and as these men as yet number the larger proportion of the physicians, we judge that they will not be slow in obtaining the work. It is a book that is well worthy of recommendation.

INTERNATIONAL CLINICS. Vol. I., Sixth Series, 1896. A Quarterly Collection of Clinical Lectures on Treatment, Medicine, Neurology, Surgery, Genito-Urinary Surgery and Venereal Diseases, Gynecology and Obstetrics, Ophthalmology, Laryngology; Pharyngology, Rhinology, Otology, and Dermatology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, France, Great Britain and Canada. Edited by Judson Daland, M.D., University of Pennsylvania, Philadelphia, Pa., and J. Mitchell Bruce, M.D., F. R. C. P., London, England; David W. Finlay, M.D., F. R. C. P., Aberdeen, Scotland. Illustrated. Price per volume: Cloth, \$2.75; half-leather, \$3. J. P. Lippincott Company, Publishers, 715 and 717 Market St., Philadelphia, Pa., U. S. A.

International clinics have now an established reputation as to excellence and value to the profession. They have a field to themselves. It would take a long time, and require the expenditure of a great deal of money for any one to attend the forty odd clinics on the varied topics, especially where the character of the material and the kind of instruction is considered. The professors who by means of these volumes lecture to a vast audience are not of indifferent ability, but are chosen from the best known clinicians. Such names as Eskridge, Hirst, Shoemaker, Whittaker, as well as many others, can be given in evidence of the above.

The beauty of this form of literature lies in the fact that it is taken from actual cases, conducted for the benefit of students actually present; hence the matter discussed is practical, concise, essential and confined to those points which the student and busy physician most care to know. This very day, for instance, the reviewer had occasion to refer to the article on the use of the stomach tube, and he found it of excellent worth in as much as it gave so good an epitome of the subject.

The cases chosen are all of them instructive; they form sort of a home post-graduate course, and are especially designed to teach the art of medicine. This year will complete the first half dozen years of this form of instruction, and as the number of students who patronize the clinics are yearly increasing, it is to be hoped that this publication will have many years of future usefulness.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

May, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,684.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Los Angeles	Pacific Coast	Foreign Born	United States	Chinese	African	Mongol
Deaths from all causes.....	128	15.30	71	57	47	0	53	39	123	4	3	
Deaths under 5 years.....	25											
i. Specific infectious diseases.....	11	1.32	7	4	3	2	4	2	11			
ii. Diseases of the digestive system.....	20	2.40	10	10	7	3	1	5	10	1		
iii. Diseases of the respiratory system.....	38	4.50	21	17	4	2	18	14	35	1	2	
iv. Diseases of the nervous system.....	12	1.44	6	6	4		2	0	12			
v. Diseases of the circulatory system, blood and ductless glands.....	12	1.44	7	5	2		5	5	11		1	
vi. Diseases of the genito-urinary organs.....	7	.84	5	2			4	3	7			
vii. Constitutional diseases.....	4	.48	3	1	3		1		4			
viii. Intoxication, violence, accidents.....	12	1.44	10	2	1	2	9		12			
ix. Miscellaneous diseases.....	12	1.44	5	7	2		6	4	12			
i. Septicæmia.....												
Diphtheria.....												
Erysipelas.....												
Typhoid fever.....												
Malarial fever.....												
Scarlet fever.....												
Measles.....												
Pertussis.....												
Cerebro-Spinal Meningitis.....	4	.48	3	1	1	2		1	4			
Meningitis.....	4	.48	3	1	2		2		4			
Tuberculosis.....												
Influenza.....	1	.12		1			1		1			
Dysentery.....												
Syphilis.....	1	.12	1				1		1			
Tetanus.....												
ii. Gastritis.....	3	.36	1	2	1		1	1	3			
Gastro-enteritis.....	3	.36	1	2	2	1			3			
Enteritis.....	1	.12		1			1		1			
Enterocolitis.....	2	.24	2		1		1		2			
Appendicitis.....	1	.12		1			1		1			
Cholera infantum.....	3	.36	3		3				2	1		
Peritonitis.....	5	.60	2	3	1		1	3	5			
Intestinal obstruction.....	1	.12		1			1		1			
Diseases of the liver.....	1	.12	1					1	1			
iii. Asthma.....												
Bronchitis.....	3	.36	3		2		1		2		1	
Pneumonitis.....	11	1.32	4	7	2	1	3	5	16	1		
Consumption.....	24	2.88	14	10			14	9	23		1	
Broncho-Pneumonitis.....												
Phthisis.....												
Membranous croup.....												
Pseudo-Membranous Laryngitis.....												
iv. Diseases of the brain.....	10	1.20	5	5	4		2	4	10			
Diseases of the spinal cord.....	1	.12		1				1	1			
Eclampsia.....												
Epilepsy.....	1	.12		1				1	1			
Neurasthenia.....												
v. Diseases of the heart.....	11	1.32	6	5	2		5	4	10		1	
Degeneration of the arteries.....	1	.12	1					1	1			
Pericarditis.....												
Endocarditis.....												
Anæmia.....												
vi. Uraemia.....	1	.12		1				1	1			
Cystitis.....												
Chronic Bright's disease.....	4	.48	3	1			2	2	4			
Nephritis.....	1	.12	1				1		1			
Diabetes.....	1	.12	1				1		1			
vii. Rheumatism.....												
Gout.....												
Inanition.....	3	.36	2	1	3				3			
Senility and Asthenia.....	1	.12	1					1	1			
viii. Alcoholism.....	1	.12	1					1	1			
Opium habit.....												
Suicides.....	3	.36	2	1	1	1	2		3			
Violence and accidents.....	9	.90	7	1	1	1	6		8			
ix. Tumors—malignant.....												
Tumors—non-malignant.....	2	.24	1	1			1	1	2			
Other diseases.....	10	1.20	4	6	2		5	3	10			

F. W. STEDDOM, M. D., Health Officer.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of May, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	60	44	55	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 29.96. Highest pressure, 30.11, date 8. Lowest pressure, 29.76 date 14. Mean Temperature, 63°. Highest temperature 103°, date 25. Lowest temperature 44°, date 1. Greatest daily range of temperature 35°, date 13-24. Least daily range of temperature 14°, date 7.
2	69	45	57	0	
3	69	45	57	0	MEAN TEMPERATURE FOR THIS MONTH IN
4	70	49	60	0	
5	68	51	60	.01	1876..... 1883..... .64° 1890..... .63°
6	64	46	55	0	1877..... 1884..... .63° 1891..... .62°
7	62	48	55	.20	1878..... .63° 1885..... .60° 1892..... .62°
8	65	50	58	0	1879..... .62° 1886..... .65° 1893..... .63°
9	65	47	56	0	1880..... .63° 1887..... .64° 1894..... .60°
10	68	49	57	0	1881..... .64° 1888..... .63° 1895..... .64°
11	70	45	58	0	1882..... .64° 1889..... .63° 1896..... .63°
12	72	53	62	0	Mean temperature for this month for 18 years, 63°
13	80	51	72	0	Average deficiency of daily mean temp. during month, 0.3°
14	83	53	68	0	Accumulated excess of daily mean temp. since Jan. 1, 181°
15	71	50	60	0	Average daily excess since January 1, 1°
16	74	51	62	0	Prevailing direction of wind, West.
17	74	47	60	0	Total movement of wind, 3055 miles.
18	69	46	58	0	Maximum velocity of wind, direction, and date, 15m, W. 17.
19	67	46	56	0	Total Precipitation, .30 inches.
20	74	47	60	0	Number of days on which .01 inch or more of precipitation fell, 2.
21	71	54	62	0	Mean Dew Point, 48°
22	72	52	62	0	Mean Relative Humidity, 67 per cent.
23	82	51	66	0	TOTAL PRECIPITATION FOR THIS MONTH IN
24	95	60	78	0	
25	103	70	86	0	1879..... .24 1885..... .06 1891..... .31
26	96	70	83	0	1880..... .04 1886..... .00 1892..... .2.07
27	85	61	73	0	1881..... .01 1887..... .20 1893..... .06
28	70	57	66	T	1882..... .03 1888..... .05 1894..... .20
29	71	53	62	T	1883..... .2.02 1889..... .05 1895..... .19
30	71	53	62	0	1884..... .39 1890..... .00 1896..... .30
31	78	51	64	0	Average precip'n for this month for 18 years, 43.
Mean	74	52	63	0	Total deficiency in precipitation during month, .13 inches.
					Accumulated deficiency in precip'n since Jan. 1, 4.39 inches.
					Number of clear days, 14.
					" partly cloudy days, 16.
					" cloudy days, 1.
					Dates of Frost, Light, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., MAY, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Dirac- tion	Total Mov't
Los Angeles.....	63.	103.	44	29.96	67.	2	.30	14	16	1	W	3,055
San Diego.....	62.	98.	48.	29.98	73.	1	.03	21	26	5	N W	4,505
Santa Barbara.....	61.4	98.	42.	29.81	62.	2	.08	22	26	1	W	4,022
Yuma.....	77.	112	49.	29.81	33.	0	T	20	5	0	W	6,218
Arlington Heights.....	65.	102.	42.	29.81	69.	1	0.22	28	2	1	W	.....
Ontario.....	68.	104	47.	29.81	69.	1	0.36	28	2	1	W	.....
Pasadena.....	67.	108.	55.	29.81	69.	1	0.36	28	2	1	W	.....
Redlands.....	66.	102.	40	29.81	69.	1	0.36	28	2	1	W	.....
San Bernardino.....	64.	102	38.	29.81	69.	1	0.36	28	2	1	W	.....
Santa Ana.....	75.	105.	60.	29.81	69.	1	0.36	28	2	1	S W	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

A CASE OF ULCERATION OF THE STOMACH TREATED WITH PROTONUCLEIN.

By N. H. Kirby, M.D., Concord, Mass. Reprint from the *Atlantic Medical Weekly*.

My experience with Protonuclein has been limited, but in all the cases in which I have used it I have been quite successful, especially so in the one which is reported below.

Mr. J., aged twenty-four, farmer by occupation, became one of my patients some two years ago, when he presented the following symptoms. For a long time he had been troubled with inability to retain food. There would be severe pain in the stomach, which would be increased by the presence of food and by pressure over region of stomach. This pain would be relieved by vomiting, sometimes there would be vomiting of blood; bowels constipated, tongue covered with thick coating. I tried several remedies at that time, such as pepsin, bismuth, nitrate of silver, aromatic powder, Carlsbad salts, mustard over epigastrium, etc., together with a strict diet. This course of treatment was followed by temporary improvement, but no real improvement. He finally left me utterly discouraged and came under the care of other physicians, but with apparently no better success. About two months ago he returned to me, very much reduced in flesh, his weight having dropped from 160, his normal weight at the beginning of the trouble, to 124 pounds, and every symptom increased in its severity, and so weak and exhausted was he that he was unable to follow his usual occupation.

I straightway put him on a strict diet again, and gave him Protonuclein, grs. iii, every four hours, to be taken religiously. From the beginning of the administration of Protonuclein he began to improve, and gradually to retain food. The pain began to diminish and he gained fully ten pounds in weight within the first two weeks. His appetite and strength returned, and in fact there was rapid and permanent improvement. At the present time of writing he has ceased taking Protonuclein, and when I last saw him was apparently well.

DIGESTIVE DISORDERS OF CHILDREN.

The value of listerine in those digestive disorders of childhood, which lead to what is commonly called cholera infantum, can scarcely be overrated. A teaspoonful of listerine administered per oris has been known to dissipate the most alarming symptoms, cutting short the attack and apparently saving life. A good way is to begin something like this: Calomel and chlorate of potash each one grain, to be rubbed well together and to be divided into ten powders, one to be given every five minutes until vomiting ceases and the nature of the stools have been changed; then commence and give teaspoonful doses of listerine until convalescence.—*Medical Progress*.

WALKER-GREEN PHARMACEUTICAL CO.—Permit me to say, that I have dispensed from my office many bottles of your Elixir Six Iodides, for the simple reason that my patients were unable to obtain the preparation from the retail druggists, and for the more important reason to prevent substitution or sophistication, which, although not generally practiced, are unfortunately too frequently met with. The druggist's interest being to sell all the drugs he can, for therein

lies his bread and butter, while the physician's lies in an entirely different direction, and that is—to cure his patients as soon as possible.

My experience with the Elixir Six Iodides has been so far a most happy one, and I can only congratulate your firm in placing in the hands of physicians so efficient a preparation. I shall continue to dispense it as long as it maintains the present excellent standard in curative effects.

On referring to my case book I find I have of late administered nearly as many as four dozen, which goes to show how frequently the "Six Iodides" can be found useful.

The fact remains patent that I have found in this particular preparation a desideratum which no other combination seems to possess. As a typical case I shall mention one of necrosis of the sternum in a young man, with no history of syphilis, where every other means had failed to arrest the destruction of bone tissue or structure. He had been under treatment at one of our best hospitals in this city, and undergone a surgical operation, "Scraping the Bone," etc., which proved useless. The discharge continued and as a dernier resort he came to me. Three weeks after the institution of "Six Iodides," the ugly sinus had completely dried up. Nor has there been any sign of imperfect cure. Patient reports himself as being perfectly well. Since then has married and is the father of a "bouncing boy," free from any taint of disease whatever. Every alternative, so-called, had been tried in vain; I had almost despaired of ever curing the fellow when he was put on the "Elixir," which did the work most thoroughly. Trusting that the medical profession may be induced to give this truly reliable preparation a thorough trial and be convinced of its intrinsic value.

WILLIAM A. ARMSTRONG, M.D., 1802 Park avenue, Philadelphia, Pa.

DYSMENORRHOEA.

In the March number of the *Alabama Medical and Surgical Age* is a very interesting article on Dysmenorrhoea by G. C. Chapman, M.D., of Birmingham, Ala., which we hope to soon reproduce in our journal.

Speaking of various methods of treatment, the doctor says: "But the remedy that has proven the greatest boon to my patients has been Diouviburnia given in tablespoonful doses four times daily, beginning four or five days preceeding the expected attack, and after the flow is established, every two or three hours."—*California Medical Journal*, May, 1896.

AN AGREEABLE, FINISHED PHARMACEUTICAL PRODUCT.

I find Sanmetto a preparation of merit—combining the desirable properties of sandal wood oil and saw palmetto in an agreeable, finished pharmaceutical product. Have found it of particular value in sub-acute and chronic inflammatory disorders of the genito-urinary system. Our druggists carry it in stock and I have already found frequent occasion to prescribe it.

Holyoke, Mass.

J. HOBART EGBERT, M.D.

D. T. HUDGENS, M.D., Elizabeth, Ark., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* in leucorrhoea with very good results. I have had under my treatment Mrs. S., aged 33 years, for leucorrhoea, with anteversion of the uterus. I used the White Extract per vagina as a local treatment for the leucorrhoea, and the treatment was attended with success. I am satisfied that *Pinus Canadensis* should occupy a prominent position in our materia medica.

ACNE DUE TO GENERAL WASTE.

By A. H. Ohmann-Dumesnil, A.M., M.D., Professor of Dermatology and Lymphology in the Marion-Sims College of Medicine of St. Louis, Consulting Dermatologist in the St. Louis City and Female Hospitals, Dermatologist to the Alexian Brothers' Hospital, Pius Hospital, Rebekah Hospital, etc., etc.; Editor St. Louis Medical and Surgical Journal, Quarterly Atlas of Dermatology, etc.

Mrs. B., a pale blonde of twenty-six, came to me for a cachectic acne with which she had suffered for several years. Her nourishment appeared below par and she steadily and slowly decreased in weight, complaining of lassitude and a general feeling of being unable to get about as she should. She was given the regular treatment of acne which I am in the custom of using, but it did not seem to produce the desired effect. Deeming that an improvement in her nutrition and assimilation would exercise a beneficial effect upon her cutaneous trouble, I ordered the following.

Cord. ol. morrhuae Co. (Hagee)..... xvi. ounces.

Sig. Tablespoonful after each meal and at night.

In one week she reported a net gain of four pounds and the eruption was in a better condition, so much so that the effect of the cordial was patent. From inquiry, I elicited the fact that the appetite had increased, assimilation was better and a general sense of comfort had replaced the bad feeling which had formerly prevailed. At the present date, three months after the inception of the treatment, my patient weighs 26 pounds more and is rid of her acne.

I have used Hagee's Cord. with uniform good results, and it is without doubt one of the best reconstructives now offered to the profession.

SICK-ROOMS IN SUMMER

Can be kept cool, comfortable and free from odor by the following simple and practical method:

Prepare a mixture of "Platt's Chlorides" and water (one part to ten) in a bowl suitable for moistening a towel or sheet. This towel or sheet, frequently wafted about the room and then hung up, will maintain a constant cooling and deodorizing action by liquid evaporation and chemical absorption.

VOMITING IN PREGNANCY.

Vomiting in pregnancy is to-day one of the most difficult conditions with which the physician has to deal. The patient is seized with uncontrollable vomiting, is soon exhausted, and on account of the extremely delicate condition of the patient at the onslaught of these attacks, she not infrequently becomes dangerously ill. The attack is generally preceded by severe pains in the abdomen, accompanied by faintness, which is immediately followed by vomiting. The author has tried a great many remedies for this vomiting in pregnancy, and with varied results.

What is a remedy in one case may have absolutely no effect in another and similar case. However, I received a sample of Ingluvine by mail about a year ago, and as I had at that time a very persistent case of vomiting in pregnancy, which had resisted all remedies I had used, I determined to try it. The patient was extremely emaciated from the continued vomiting, and was very despondent. I administered to grains at first, followed shortly after by another dose of similar proportion. The effect was quickly discernible. The vomiting ceased. I continued the treatment with most gratifying results. My sample being exhausted,

I purchased a 1-ounce original package, and am glad to say that my patient went to full term uneventfully and made a good recovery. She had rapidly regained her previous good health, and I attribute it to that matchless remedy, Ingluvin and shall always prescribe it wherever indicated.

CASE 2.

I was recently called to see Mrs. S——. Examination proved her very anemic and emaciated, and at the time of the attacks of vomiting became very weak. Remembering my previous experience, I immediately prescribed Ingluvin, and had remarkable results, similar to case No. 1. I am confident that Ingluvin undoubtedly saved the life of this latter patient.—*From Monthly Retrospect of Medicine and Pharmacy.*

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

A meeting of the Executive Committee of the Mississippi Valley Medical Association was held at Atlanta, on May 6th, and the following gentlemen were appointed to deliver addresses:

Dr. H. N. Moyer, Chicago, Address on Medicine; Dr. Horace H. Grant, Louisville, Address on Surgery.

The indications are that the meeting to be held at St. Paul, on Oct. 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip, an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year.

C. A. WHEATON, M.D., St. Paul, Minn.,

Chairman Committee of Arrangements.

H. O. WALKER, M.D., Detroit, Mich., President.

H. W. LOEB, M.A., 3559 Olive Street, St. Louis, Secretary.

P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia, have lately issued a portrait catalogue which is a beautiful guide to their publications on medicine, dentistry, pharmacy, chemistry and allied subjects. Attention is called to their offer to send books on approval to any address in the United States.

The Rio Chemical Company have recently issued a handsome pamphlet on Urethral Diseases, containing clinical reports of the use of S. H. Kennedy's extract of *pinus canadensis*.

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ORIGINAL.

ENDOMETRITIS.*

BY M. L. MOORE, M.D., LOS ANGELES, CAL.

PROFESSOR OF OBSTETRICS, MEDICAL DEPARTMENT, UNIVERSITY OF SOUTHERN CALIFORNIA.

I may be excused in selecting as the subject of this paper, Endometritis, when we reflect that it is this condition that constitutes the larger part of our gynecological practice and which every medical practitioner as well as specialist should discuss in order to know when and how long to depend upon medical treatment and when surgical measures should be resorted to.

The endometrium, with which this paper has to deal as its name implies, lines the entire uterine cavity and rests directly on the muscle without the intervention of a basement membrane. The integrity of this membrane is maintained by a delicate meshwork of tissue which springs from the connective tissue of the muscle and vessels, being everywhere penetrated by minute follicles or crypts which penetrate even into the muscular substance. It is between these follicles that the lymph spaces and capillaries are found, the former becoming channels in the muscle and the main carriers of sepsis to the broad ligaments in certain forms of endometritis. In the pathology of inflammations of this membrane there is no special difference from that of other mucous membranes; we have at first a congestion of the capillaries with increased secretion followed in the cases which become chronic by a true hypertrophy of the elements, which is fungous and in some cases result in small mucous polyps. Recognizing that it is the early appreciation of its causes and symptoms that is so essential to the successful relief and cure of this inflammation, more attention should be given to an

*Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society, held in Pomona, June 10 and 11, 1896, also before the L. A. County Med. Ass'n, July 17, 1896.

analysis of the symptomatology, for this makes it possible to correct certain general derangements, as well as local conditions, which are its cause.

In my own experience there are a class of patients, unmarried, who are perhaps between the ages of twelve and eighteen, who have become checked in their physical development; many of these are among our best patients whose means enable them to remain in schools and academies eight to ten months out of the year. They are not taught and drilled in the importance of physical development; they are deprived of out-door exercise and frequently obliged to climb many stairs and be confined for hours in a school room of most unhygienic conditions due to poor ventilation, light and heat. The effect of all this is to produce an impoverishment of the blood, anemia, constipation, innervation, a feeling of being tired constantly, and they grow up to be women inferior in their development to that of the buxom country maidens, who attend school four hours a day four months of the year. She may have started in her menstrual life regularly and without pain, or possibly the effect on her development has made its inroads before puberty and she begins her menstrual function with dysmenorrhea, leucorrhœal discharges, backache, feeling of weight in the pelvis, gradually, from month to month, increasing until she is rendered practically an invalid. We have in this picture a true endometritis due to imperfect development of the genital organs, or to sedentary habits, constipation, etc., which make the uterus more liable to take on catarrhal inflammation. The mother usually brings her daughter to us, having diagnosed her case as possibly some version or flexion and it is true that retroversion and flexion do cause this in many cases, yet it has been the exception; in fact rarely do I find in the cases I examine the malpositions that I formerly believed to exist. The examination digitally shows some sensitiveness of the uterus on bimanual pressure and some enlargement; with the speculum an excess of mucus or muco-pus blocking up the cervical cavity, a varying degree of redness extending from the os out into the body of the cervix.

In another class of cases the well developed girl comes to us suffering the same symptoms, painful menstruation relieved when the flow comes, leucorrhea, deep pelvic pain and backache. In this case we have a perfect development of the uterus and its appendages, but a history of the trouble appearing some years after a normal condition existed. In these girls or young ladies it can usually be traced to acute suppression of the menses from taking cold or from versions, the result of falls or lifting heavy bodies; and as a result of such malposition, congestion and hypersecretion at first, and as this process advances the mucous membrane becomes hypertrophied, the secretions are not properly drained and in this way, the disease is perpetuated.

Still another class of cases are met with occurring in married women who have all the symptoms described, and will date their ill health to an abortion or miscarriage, or a confinement. This means in all cases bad midwifery. It means dirty fingers and dirty instruments and if the practitioner will be aseptic and deliver women properly, these women will not be liable to have puerperal infection. This sepsis may be limited to the endometrium or it may pass through the lymph channels to the broad ligaments or in more cases extend into the fallopian tubes, producing salpingitis, ovaritis and peritonitis; if not so severe subinvolution, chronic endometritis, and some of the versions, usually retroversion result. Again, the husband becomes the cause of his wife contracting a gonorrhea which extends to the endometrium, and in most cases to the tubes and peritoneum.

Having gone over briefly a few of the causes of endometritis, it is easy to

understand that in the case of simple chronic endometritis of the young girl or woman, where systemic causes are recognized in a debilitated, anemic, nervous, perhaps hysterical, constipated condition, with more or less cervical discharge, it would be wrong to subject this patient to a surgical operation at once. The indications are too plain as to treatment. If it has been due to lack of exercise, sedentary habits and overwork in school, immediate change to an outdoor life in mountains or at seashore together with tonics directed to the nervous system and the correction of constipation will do most good, in fact speedily cures these cases if seen early. If, however, the endometritis has progressed to the extent that we have hypertrophy of the mucous membrane, indicated by menorrhagia, dysmenorrhea and purulent discharge we must in addition to constitutional treatment resort to the surgical procedure of curettement under the strictest antiseptic precautions. In the patient whose endometritis is due to retroversion without adhesions curettement and reposition will be the plan to pursue. If, however, adhesions exist which firmly bind the uterus in this malposition, I believe it much safer to do a laparotomy and separate these bands of tissue and do fixation, for in most of these cases there is present a salpingitis and ovaritis.

A few cases of which I have notes will illustrate the several points I have attempted to describe and may be of some interest.

Case I. A young girl, twelve years of age, was brought by her mother to see me in regard to a leucorrhea so profuse as to require the wearing of napkins, and this, by the way, is what first frightens them into consulting a physician. The history as given was that she had lived in a downtown district, attended school regularly for four years, taking piano and violin lessons outside of school hours, having no time for outdoor exercise. She was undersized, anemic, nervous, troubled with insomnia, constipated, abdomen bloated and some tenderness on deep pelvic pressure; patient had menstruated a month prior with some pain which had increased till at time of consultation was so severe as to require her going to bed. I at once ordered this girl taken from school, discontinued her piano lessons and sent her to the foothills, prescribing alterative tonics, tonic laxatives for constipation, rest and exercise at certain times of the day, with hot douches. The effect of this plan was to improve her in every way, even to a great lessening of leucorrhea, and eventually she may entirely recover. It may be possible that the congestion has gone on to the stage of hypertrophy and curettement will be necessary to effect a cure. Had I been consulted earlier when the congestion was slight, I feel positive that she would now be well.

Case II. Young lady, twenty-two years old, in society, raised in affluence, educated in an eastern seminary, dressed in height of fashion, wore tight corsets, which was denied in a way. Consulted me for dysmenorrhea and menorrhagia. She was nervous, innervated, constantly tired, anemic, moderately constipated, had rapid pulse, indigestion, and some leucorrhea for perhaps one week after menstruation. She was out from three to five evenings a week at some function, either a ball, theater or card party. The treatment here was strict injunctions to discontinue all society work, tonics, hot douches, rest, curettement, keeping patient in bed ten days after operation. This patient, who came under my observation six months ago has fully recovered her health and now menstruates with slight pain. I will state that examination under ether showed the uterus somewhat enlarged and there was much bleeding while operating. There was great thickening or hypertrophy of the mucous membrane.

Case III. This case represents cases of endometritis due to sepsis of gonorrheal origin.

Young woman, eighteen years old, came under my observation four years ago

suffering with pelvic peritonitis, in fact with inflammation extending from the vulva to the peritoneum. Temperature moderate, great pain and considerable mass of exudate about ovaries. We were not doing as much laparotomy work then as now and this patient was treated by large hot antiseptic douches, hot poultices, regulation of bowels and pain controlled when necessary with opiates. She recovered so as to be able to go about with slight pain, except when jarred or at menstrual time, when she was put to bed. The uterus loosened up, the exudate disappeared, but the persistent backache and purulent discharge continued. I advised in this case removal of appendages and thorough curettement. Laparotomy was refused, but was willing for the latter. Finding no tumor or destruction of tubes under ether, I curetted without dragging the uterus without benefitting this patient for more than a few months.

Two years ago patient was married and since has had no health, is sterile and always will be, has emaciated, suffers from the profuse purulent discharge, backache, tenderness over the ovaries, and is practically a wreck. This case can recover if she will have the diseased appendages removed and the uterus properly curetted, packed and rendered pure; in fact I believe that in some of these aggravated cases nothing short of hysterectomy will do any good. The patient still refuses operation; as she has been told by her lady friends that a change is what she needs, she is now visiting a sister in Arizona. After this is tried if no benefit results when she returns she will allow me to do what I consider best.

In curetting cases we must be careful what we promise. We must study each and every case carefully for its cause, whether simple or due to sepsis. We must locate and know the extent of damage and disease. If we are careless this operation, which has done so much to cure the thousands that formerly visited our offices for months of local treatment, will be refused us and dreaded as a capital operation. It is, in my experience, wrong to drag the uterus down so low in the pelvis, as we will find patients if treated thus complaining of pain in the ovarian regions afterward where they did not have it before. I think that we should draw down sufficiently to steady the organ but no more.

Bradbury Block.

TWO CASES OF ECTOPIC PREGNANCY OPERATED ON BY THE VAGINAL METHOD.*

OPERATIONS FOR STRANGULATED FEMORAL HERNIA AND PROLAPSE OF RECTUM.†

BY W. W. BECKETT, M. D., LOS ANGELES, CAL.

Case I. Mrs. H., aged twenty-nine years, married three years. Menstruated regularly from age of fifteen years until December, 1895, when her menses ceased. January 7, 1896, while at a party, was suddenly seized with severe pain in right ovarian region, which lasted several days, doubtless due to rupture of tube. Her menstruation began and lasted for ten days, passed many clots and shreds of membrane, an irregular menstruation followed. Patient complained of a great deal of pain, especially in right ovarian region, up to the time of operation. Micturition sometimes painful.

Physical examination revealed a firm, immovable mass in the region of the right broad ligament. The uterus was pushed well to the left. Operation Feb.

*Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society, held at Pomona, June 10 and 11, 1896.

†Read before the Los Angeles County Medical Association Sept. 6, 1895.

22, 1896. Removed the uterus by the clamp method, no ligatures or sutures being used. The uterus was removed to give more room and to afford free drainage. The mass was found to be within the folds of the right broad ligament, and was readily removed with the fingers and placental forceps. The cavity was packed with acetanilid gauze.

The patient made a very rapid recovery; was out of bed in two weeks.

Case II. Mrs. D., aged thirty-three years, married three and a half years. Had never before been pregnant. Previous health excellent. Her menstruation, which had always been regular every four weeks, did not occur in January, 1896. On February 4, a free bloody discharge from the uterus began, and continued to a more or less extent until the time of the operation. A dull pain was felt in the right inguinal region extending down the right limb to the knee. Micturition was frequent and painful. To the right of the uterus was a tumor the size of an orange.

Operation, April 8, 1896, was performed after the same method as in the preceding case, except in this case the uterine arteries were ligated. Rupture in this case had also been into the right broad ligament. The mass was very carefully and thoroughly removed with the fingers and placental forceps and the cavity mopped with sponges on holders and packed with gauze. The forceps were removed in forty-eight hours, and all of the gauze by the seventh day.

The patient made an excellent and rapid recovery.

Case I. Mr. J. L. D., strangulated femoral hernia. I was called to see this patient on the afternoon of June 2, 1895, by Dr. A. L. Holcombe, of Compton, who had seen the patient for the first time the evening before. As an unsuccessful attempt had been made to reduce the hernia, we decided to operate at once. The patient was given ether, and the sac laid open with the assistance of Drs. Holcombe and F. L. Haynes. It contained a gangrenous knuckle of the small intestine. The abdominal cavity contained considerable non-purulent fluid and some peritonitis existed. About six inches of the intestine was resected and an end to end approximation was made by means of a Murphy button. The mesentery was closed with mattress sutures. The intestine was returned, and iodoform gauze packed well about the seat of the approximation. The external wound was well protected with sterilized gauze and the patient put to bed.

The patient suffered no shock. The temperature did not rise above 100° F. The bowels moved within forty-eight hours, and were kept open daily with small doses of salts. Liquid diet was given. The gauze packing was all removed by the sixth day.

The button passed on the 21st day. The external wound healed splendidly leaving a very small cicatrix. The convalescence was rapid.

Case II. Mrs. M., aged fifty-four years. Prolapse of rectum for last five years. Much worse for last nine months. The tumor measured seven inches vertically by five inches transversely. The coats of the rectum were immensely hypertrophied.

Operation: The mass was cautiously split in front and behind in the median line up to within one inch of the anus, opening the peritoneum freely. A circular amputation of the entire mass was now made, stopping every inch or two to tie bleeding vessels and to sew the peritoneal edges of the wound together. The operation was concluded by bringing all the coats of the bowel together by interrupted sutures, and packing with boracic acid and iodoform.

The patient made an excellent recovery, the wound healing by first intention.

315 West Sixth Street.

A SUPPOSED INTESTINAL FUNGUS.*

BY ROSE TALBOTT BULLARD, M.D., LOS ANGELES, CAL.

This is not the report of a case, but of a single symptom which is brought to your attention, not on account of its gravity, but because of its supposed importance at the time of the illness.

In July, 1894, A. B., female, aged one year, was brought to me, particularly on account of certain nervous symptoms; there was an irritation around the vulva and rectum with frequent attacks of "itching," as the mother called it. The child would place her hands between her thighs and rock back and forth until exhausted; of course you will recognize this as masturbation, but considering the age of the patient, the query was, "What was the primary cause?" The parents were in good health, but both were of a nervous temperament. The mother had been extremely careful during her pregnancy to eat a good generous diet, to exercise and live in a most hygienic manner, counting so much on her future enjoyment of a healthy child. But the baby was delicate and nervous from birth, always screamed when bathed and did not sleep well. The mother was unable to nurse her on account of insufficient supply of milk, and she was given cow's milk most carefully prepared.

At the age of six months she had a severe attack of cholera infantum. Just previous to coming to me she had dysentery, passing some blood with each movement for about a month; these attacks of masturbation began at this time. It seemed natural to suppose that the bowels were the exciting cause, the frequent passages and tenesmus causing her to put the hands down between the thighs to scratch.

Her general nutrition was very much below par, weight was about 15 pounds. Under the usual treatment of *cafomel* in small doses, digestants and bromides, she seemed to improve a little. In the meantime, under an anesthetic, some adhesions of the clitoris were broken up and a little smegma removed; this was ordered kept free, and she was bathed daily with lead water.

About three weeks after I first saw her, the mother came in great distress, saying the stools were full of what looked like worms. I saw a passage and short brown, or black, tough filaments were intimately mixed through the whole, with here and there a little ball or nest of numbers of them curled up together attached to a small white mass. I gave them to Dr. Lula T. Ellis for microscopical examination. She recognized it as the same sort of material that she had examined for Dr. C. D. Ball, of Santa Ana, a year before, but as she had heard nothing from him in regard to his case after reporting that the substance was of vegetable origin, it threw no light on my case. Microscopically the white masses consisted of starch granules and the worm-appearing, segmented strings were made up of two rows of pigment cells, between which was a substance which, at first glance, looked like a partly digested muscular fiber, but on closer inspection proved to be of vegetable material. The specimen was examined by several physicians, among them Drs. Lasher and Bridge, and as he happened to be in Los Angeles at the time, T. Mitchell Prudden. They concurred in the opinion that the material was of vegetable origin, but had never seen anything like it.

As this child was supposed to be on a strict milk diet, a vegetable origin seemed impossible. She was treated on general principles with laxatives, digestants and anti-fermentatives and for a long time the stools would be free

*Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society, held at Pomona, June 10 and 11, 1896.

when suddenly it would reappear in quantities, giving us the idea that it had been accumulating and had just let go its hold on the intestines.

Finally, on again pressing inquiry in regard to food, it was learned that the baby had occasionally had a bite of banana and on further investigation and experimentation, it was found that the material in the stools could be produced at will by giving banana, it remaining absent so long as the banana was withheld. This discovery lifted a very great weight from both the parent's and my own mind.

Treatment towards improving the child's general condition was continued, and the nervous system improved as she gained in strength. Bromides were given and the attacks of masturbation checked at the onset, by force, as far as possible, until they ceased entirely. It was observed that at intervals of a few months, when teeth were coming through, she was sure to have recurrence of the masturbation, I suppose on account of the nervous irritation.

The following report from Dr. Ball to Dr. Lula T. Ellis in reply to a letter of inquiry written while my case was under consideration, will be of interest:

SANTA ANA, CAL., July 21, 1894.

Dear Doctor: As nothing new has developed in my case, I have neglected writing you. Before sending you the specimen I had myself, assisted by Prof. Pierce, examined it and reached the conclusion that it was of vegetable origin. It seemed to us that the surrounding cells were mostly starch. The child, a girl, is about three years old and of feeble constitution, feeble both in mind and body.

The fungi were first noticed in the stools about a year ago during a diarrheal attack, and at the time there was considerable fever. At intervals of perhaps two months, with considerable regularity, she would sicken and would not be relieved until she had been thoroughly physicked. I am not so sure that the little brother, aged perhaps six months, ever passed any of the organisms. His mother stated that he had, but I never was fortunate enough to see anything of them. The little girl certainly had many of the symptoms of pin worms, particularly in the constant desire to scratch the thighs, as though suffering from pruritus, fever, restlessness at night, etc.

Having concluded that the fungus required a starch culture, at the time that I wrote you first concerning the case, I put the patient on "Trommer's Extract of Malt," and since then no fungus has passed. Her order of intellect is but little above that of an imbecile.

The mother is a nervous, imaginative woman, and I have sometimes doubted the presence of the fungus in the boy's stool; it was only seen once and by the mother.

I was once a student of Osler and had determined to send him a sample and obtain his opinion, but have had no opportunity to do so as the Malt, or something else, has destroyed the supply. The fungus passed in large quantities and at intervals for a period of nine months.

You suggested that the trouble was caused by indigestible food. The parents profess to use the greatest precaution in selecting articles of diet, but I am not so sure that any such precautions have been observed. The child is subject to a low order of disease.

If any new developments arise will write you, and if you discover anything new I would be pleased to hear from you.

Yours respectfully,

C. D. BALL.

When I decided to report this case, I wrote to Dr. Ball, and in his reply, dated June 3, 1896, he said: "Perhaps you know that we experimented until we con-

cluded that bananas were the cause of the trouble. I should have written more fully to Dr. Ellis, but my health that spring made it difficult for me to attend to my usual work."

Thus it will be seen that the same conclusion was reached by each, unknown to the other.

Bradbury Block.

ONE OF THE CAUSES OF PELVIC PAIN IN THE FEMALE FREQUENTLY OVERLOOKED.*

BY WELLINGTON C. BURKE, M.D., LOS ANGELES, CAL.

There is probably no lesion which gives rise to so much suffering, nor causes so bad effects on the nervous system and general health as the simple rectal ulcer, nor in the vast majority of cases is there any so amenable to treatment. It is both a common condition, and one frequently overlooked even though it is responsible for many of the painful pelvic conditions attributed to troubles in the uterus or its adnexa.

The presence of the rectal ulcer causes engorgement of the pelvic viscera, and hence the treatment addressed to peri-uterine inflammation fails, as it does not reach the cause. The rectal pouch is rarely explored in these cases, and uneasiness felt there is frequently charged to hemorrhoids. This error is due not to want of skill but to lack of care on the part of the examiner. Again the examination is unpleasant, and but a small proportion of rectal diseases are treated by the regular profession.

The varieties of simple ulceration are traumatic, catarrhal, dysenteric, venereal. Any wound of the rectum may not heal and take on ulcerative action, even a fissure due to the passage of a large hard fecal mass. The injury from scybalous masses have even caused death by ulceration and perforation of the large intestine. Among the common causes of traumatic ulcers may be mentioned:

- (a) Too powerful medication.
- (b) Violence inflicted upon the surface of pile tumors in the act of defecation or in replacement of extrusions.
- (c) Careless use of rectal dilators and enema tubes in the hands of patients.

Catarrhal ulceration may be due to any of the causes producing proctitis, and a very slight irritation may do this. In women an erosion is frequently found where the cervix or fundus impinges on the rectal wall. A benign polypus causes irritation and often a resultant ulcer. Unnatural practices are an infrequent cause.

Ulceration is insidious, slowly developing. The first sign is an early morning diarrhea, with at first semi-consistent passages, but later watery, scanty and accompanied by flatulence. Later there is a white, tenacious, gelatinous material discharged, followed by muco-purulent or sanguino-purulent matter, to get rid of which there must be several efforts on the part of the patient together with pain and tenesmus. The progress of the ulcer increases the tendency to diarrhea, and aggravates the local distress—also the flatulence, griping pains are increased, the appetite fails, and there comes a long train of nervous symptoms.

The ulcers are prone to extend upward and downward and to involve the follicular glands and submucous tissue, even to the attacking of the muscular structure itself, causing stricture. Cases where the ulceration has opened into the vagina and bladder are not uncommon.

*Abstract of a paper read before the Los Angeles County Medical Society, June 10, 1890.

In early cases the diet which will leave the smallest residue will frequently be all that is necessary. Washing the rectal pouch with boric acid solution: Applications of nitric acid or acid nitrate of mercury to ulcer followed by packing and an opium and iodoform suppository are procedures worthy of a trial. Curettage, followed by application of balsam of Peru and iodoform gauze packing, has given good results. Specific cases will require internal medication as well. From a large clinical experience in gynecology for three years, I am sure that a careful examination of the rectum will in many instances reveal the cause of pelvic pains.

Byrne Block.

HEMORRHOIDS AS A SOURCE OF REFLEX PHENOMENA.

BY J. R. PENNINGTON, M.D., CHICAGO, ILL.,

PROFESSOR OF DISEASES OF THE RECTUM, ILLINOIS MEDICAL COLLEGE, RECTAL SURGEON, ILLINOIS HOSPITAL, ETC.

The subject of the reflexes is one of the most important and perplexing questions with which the medical mind has to contend. A want of a better knowledge of them accounts for many of our errors in diagnosis, and as our knowledge of anatomy, physiology and pathology, especially of the sympathetic system of nerves, increases, in the same ratio will many neuroses, mental disturbances and obscure diseases disappear from our nosology. Most of our knowledge of reflex phenomena has been obtained by observing the neuroses caused by reflexes from the head and its vicinity, as it is in this region that we are able to get the clearest and most decisive results in regard to the action of the sympathetic; and, by generalization from this section we get much of our knowledge of its action in other parts of the body, as here the anatomy of the nerve is much simpler than in the thoracic or pelvic region, where it is almost impossible to tell from how many different sources a given plexus receives its fibres.

The importance of an organ or part as a source of reflex phenomena depends: 1, upon its nerve and blood supply; 2, its relative position and function; 3, its susceptibility to and frequency with which it is attacked by disease. In applying this rule to the rectum it will be necessary to recall, at least, some of its anatomical relations and in so doing you will remember:

1.—That its supply is very great, being from two sources, sympathetic and cerebro-spinal system. Through the former it receives branches from both the hypogastric and inferior mesenteric plexuses, and from the sacral plexus, fourth and posterior sacral nerves of the latter, and it is also important to remember that this is the only part of the alimentary canal receiving branches direct from the cerebro-spinal system and that the nerve supply of the external sphincter is greater than that of any other muscle in the body. The blood supply is also very great—being from three different sources—superior, middle and inferior hemorrhoidal arteries and is returned by the corresponding valveless veins. Through this rich and profuse nerve and blood supply the rectum and anus are profoundly and intimately connected with all the pelvic and abdominal viscera and external organs of generation, as well as many distant organs and parts.

2. It cannot be gainsaid that it has to do with one of the most important functions of the body, and 3, Gant and Allingham tell us that there are no diseases more prevalent among civilized communities than those occurring around the rectum and anus.

Hence, it is easy to discern from its rich nerve and blood supply, important

relative position and function, and the frequency with which it is attacked by disease, that it becomes second to no other organ or part as a source of reflex phenomena.

Since the hemorrhoidal affection is one of the most common of rectal diseases, I will briefly append a couple of cases to illustrate the great importance of this malady in the reflexes.

Case I. F. S., age 20, came to the dispensary of the Illinois Medical College to be treated for a venereal trouble for which his family physician had been treating him several weeks with no improvement. A thorough examination failed to reveal any venereal disease. He was then referred to the rectal clinic. While he gave no symptoms or history pointing directly to a rectal affection, yet knowing the great influence of this organ in the reflexes and its intimate connection with the genito-urinary organs together with his description of his case, I felt sure that some trouble was brewing therein. He very reluctantly permitted me to make a digital examination, as he was positive in his own mind that he had absolutely nothing the matter with his rectum. On manipulating my finger in his bowel, he gave a sudden shriek, grasped his penis, and exclaimed that I gave him great pain in that organ and his bladder. At a subsequent clinic I removed three internal hemorrhoids, each of which was the size of a partridge egg, whereupon his venereal (?) trouble vanished.

Case II. Mrs. S., age 32, consulted me April last for a rectal affection. She also gave a history of dysmenorrhea, pain in her back and limbs, dyspepsia, flatulence, kidney and bladder trouble.

Her principal ailment, however, was internal hemorrhoids. I promised her that as soon as she recovered from the rectal operation that I would refer her to a gynecologist for her ovarian trouble. She came to see me a few weeks after leaving my sanitarium, saying that her other affections had been relieved to such a degree by the removal of the hemorrhoids that she did not feel it necessary to have any thing further done.

These cases serve to show what powerful reflexes may occur from hemorrhoids and that in all obscure pelvic, abdominal, or genito-urinary troubles, it is all important to make a thorough examination of the rectum.

Columbus Memorial Building.

TRANSLATION.

SYMPHYSEOTOMY AND CRANIOTOMY.

BY CH. MAYGRIER, ACCOUCHEUR DE LARIBOISIERE, PARIS.

TRANSLATED BY ERNEST HALL, M.D., VICTORIA, B. C.

With reference to symphyseotomy, it is necessary that we be able to distinguish the conditions which justify the procedure. These I understand are: The inability of the delivery to terminate spontaneously, the ineffectual application of the forceps, and the life of the child continuing. There remains then nothing but embryotomy if we have not at our disposal symphyseotomy and Caesarean section. The latter I purposely leave out of consideration as a question I do not wish at this time to discuss. As to symphyseotomy, it is necessary to state that the extremely happy results of Sigault's operation have been to relieve us from the painful necessity of so frequently sacrificing the living child.

The indications for symphyseotomy are seen under various circumstances, of which I wish to describe but one. I have seen in labor that slight deformities of the pelvis, those which in appearance do not seem to demand any grave interfer-

ence, are yet sufficient to prevent spontaneous termination. I refer exclusively to those cases where the physician is called after a woman, having a deformity of this kind, has commenced labor. On account of the feebleness of the uterine contractions, too great disproportion between the volume of the foetal head and the area of the superior opening, the engagement does not take place, the confinement continuing beyond all expectancy, and the application of the forceps of no avail. These comprise the indications for symphyseotomy for the purpose of saving the life of the child. However, a very important limitation must be considered, it is of utmost importance that this procedure does not seriously imperil the mother, and that it will beyond doubt be profitable to the child. Also having decided to sever the symphysis for the purpose of saving the child the operator ought to seriously consider the condition of the mother and that of the child. The operation should not be undertaken unless the mother is capable of undergoing it without peril and the vitality of the fetus should not be compromised to such an extent as to render its subsequent viability doubtful, for then craniotomy should be undertaken and not symphyseotomy in the vain pretext of saving the life of the child.

The most recent statistics of symphyseotomy are yet somewhat discouraging. Neugebauer gives a material mortality of 11.1 per cent. and that of the child 19 per cent. The operations of M. Puiard and his followers in the last four years have given a mortality of 10.14 per cent. for the mothers and of 11.59 per cent. for the children. Perhaps this mortality would diminish considerably if all the operators were careful as to the foregoing considerations, and abstained from interfering whenever any unfavorable condition exists in the mother or in the child which would compromise the success of the operation.

Such is the course followed in the two cases which, with an interval of two days, came under my care, and which though very similar in appearance yet differed essentially in the conditions in which the mothers were placed. I thought it would be interesting to contrast the one with the other and to show the practical lesson which they contain.

Case I. Woman, age 38, domestic, first pregnancy, medium size and good constitution, presented herself at the "Maternité de la Pitié" for accouchement, had been in labor some hours. She did not know at what age she walked; had always enjoyed excellent health; menstruated at 17; had been somewhat irregular, lasting but two or three days. Pregnancy uneventful. Examination revealed slight indication of rickets. The limbs showed neither edema nor varices; urine free from albumen. Vaginal examination showed cervix dilated to extent of 1.5 centim. Membranes intact and bulge with each pain. No part of the fetus was accessible to the finger, and it is only after deep exploration with the finger in the the ant. cul de sac that a round, hard and very movable mass could be felt above the upper opening of the pelvic canal. The examination of the pelvis revealed the cause of the non-engagement in a slight lessening of the ant. post. diameter. The sacro-vertebral angle could be reached, but with some difficulty. Digital measurement showed the sub-pubic sacral diameter to be 11.3 centim. The pelvic sides not deformed. Upon palpation the head was found at the superior opening, movable and projecting somewhat upon the symphysis. The back directed to the left, the limbs to the lower and right. Auscultation showed the heart sounds to the left, free, regular and heard most distinctly upon level with umbilicus.

We then had to deal with an aged primipara in labor at term, having a slight pelvic contraction. The promonto-pubic diameter estimated at 9.8 centim., the membranes intact, the child living and the condition of the mother excellent.

Patient was given bath, injection, etc., and removed to the lying-in chamber; pains continued regularly with intervals of five minutes; cervix dilated somewhat, membranes ruptured spontaneously, after which cervix contracted a little and became slightly edematous. The head became more accessible and remained fixed at the superior opening, inclined upon the parietal, with the sagittal suture placed transversely in proximity to the promontory. The posterior fontanelle can be felt to the left. The head is hard, densely ossified and apparently very slightly reducible. Five hours after the rupture of the membranes the contractions became more frequent and painful, local conditions about the same; however, the head appeared to have descended somewhat. Hot water douches had little effect upon dilatation. After 48 hours of labor the head had not progressed and became fixed at the superior outlet, the cervix dilatable, contractions more feeble, the condition of the child excellent and the mother exhausted. It seemed evident that engagement would not take place spontaneously. I administered an anesthetic and applied Tarnier's forceps. After vigorous traction, the head still refusing to engage, the forceps slipped. It was certain that the forceps could be of no further use without danger to the child, and with version impossible there remained but symphyseotomy or craniotomy. The condition of the mother and child being good the former procedure was indicated.

The operation was done in the usual way and presented no difficulty except that the pressure of the head interfered with the passing of the finger behind the symphysis. The articular ligament was easily found and incised from above downwards and from before backwards. The wound was packed with iodoform gauze, the forceps applied, during which time the opening of the pubic bones remained moderate, the thighs being held by assistants, the head engaged and was extracted without difficulty. The child was cyanosed, but quickly recovered. Placenta and membranes extracted by introducing the hand into uterus. The wound was closed with five sutures and packed with iodoform gauze. The pubes were held together by a simple bandage around the hips, and the thighs held together by means of a napkin bound around them. Convalescence continued normal; at the end of ten days the dressings were removed and union found perfect. The child, female, weighed 3,280 grammes; the head large and very much ossified. The principle diameters were: O. F. 11.6, O. M. 12.5, S. O. Br. 9.9, Bi. P. 9.7, Bi. T. 7.3. Both left the hospital in excellent condition.

My next case was that of a woman with a pelvic contraction similar to the preceding; the fetal head could not pass the boundary of the superior opening neither spontaneously nor with the aid of the forceps. As the condition of the mother was serious, I performed craniotomy. The premature rupture of the membranes, albuminuria, the prolongation of labor complicated by a transverse adhesion of the vagina, the deformity of the pelvis and the large size of the child placed the patient in an extreme condition. The fetus had suffered during the progress of labor. There were yet occasional pulsations when we commenced the operation, but the child had lost the chance of life and certainly could not survive. Of what use, then, would it have been to make a futile attempt and do upon the mother a symphyseotomy considerably more serious than an inoffensive craniotomy.

Case II. The patient, aged 23, primipara, walked at age of 5 years. Menstruation appeared at 13, and regular. Pregnancy progressed naturally until the last two months, when swelling of the limbs and body appeared. She continued to work until the last day. Examination showed general edema more marked in lower limbs. The skeleton did not present definite indications of rickets. The abdomen very large. The urine contained a large amount of albumen, 8 grammes

per litre. She was easily put out of breath and coughed a little. Palpation difficult on account of the thickness and tension of abdominal wall; however, the head was felt at the superior opening, and the back appeared to be to the right. The contractions of the heart dull but regular; heard on a level with the umbilicus a little to the right of the median line. Examination showed edema of labia. The finger introduced into vagina was arrested 4 or 5 cent. from the hymen by a cul de sac, presenting at the back a small opening through which it was impossible to penetrate. The examination was very painful, and the patient refused further examination. It was impossible to determine the exact nature of the vaginal anomaly. In order to complete the examination an anesthetic was administered, revealing a transverse partition of the vagina pierced by a very small orifice. After the dilatation of the orifice by means of instruments the cervix was found open, the membranes intact, and the fetal head, fixed at the superior opening, already presenting a sero-sanguinous swelling, which rendered the determination of the sutures and fontanelles very difficult. The sacro-vertebral angle could be touched and I was able to measure the promontor-sub-pubic diameter which was 11.3 cent.

The head making no progress section of the posterior margin of the vaginal partition was made. The fetal heart sounds were weak, but not intermittent. After 40 hours of labor, the woman very much fatigued, her features wan, her tongue dry and the edema of the labia increased. I decided to interfere. After the administration of chloroform I applied the forceps. Through the influence of heavy and continuous traction the head appeared to descend a little, but I felt the instrument slip. Disarticulating, I reapplied them three times without success. /At this time the fetal heart sounds began to diminish, and were reduced to 50 to the minute, becoming also irregular.

Between symphyseotomy and craniotomy my hesitation was but temporary. The general condition of the mother, the albuminuria, her extreme exhaustion and the condition of the child caused me to reject the former operation, and to decide upon the latter. The operation presented no difficulty, the extraction easy. The liquor amnii had a fetid odor, intra-uterine injection of permanganate of potash 1-2,000 were given. Some slight rise of temperature followed for seven days. Under a diet of milk exclusively the albumen completely disappeared.

In review I would say that the indications for symphyseotomy cease to exist when the woman shows any defect that would place her in an unfavorable condition to resist the traumatism of operation. When such defect exists embryotomy is preferable even with a living fetus, for the safety of the mother should transcend all other considerations. Such is moreover the advice of a great number of accoucheurs, who refuse to practice section of the symphysis in infected women in the fear of meeting defeat, which could not but result in discredit to symphyseotomy.—*L'Obstetrique*, January, 1896.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

VALUE OF RECTAL EXPLORATION AS AN AID TO DIAGNOSIS IN DISEASES OF CHILDREN. (*Pediatrics*, June 1, '96. —Dr. Geo. Carpenter, London, calls attention to "the great importance of a rectal exploration aided by bimanual palpation, in the elucidation of difficult cases of diseases occurring in childhood," and reports a number of obscure cases diagnosed by this method.

USE OF ANTITOXIN IN TREATMENT OF DIPHTHERIA IN PRIVATE PRACTICE. *Archiv. of Pediatr.*, July.)—Report of Committee of American Pediatr. Society:

SUMMARY.

(1) The report includes returns from 615 physicians. Of this number more than 600 have pronounced themselves as strongly in favor of the serum treatment, the great majority being enthusiastic in its advocacy.

(2) The cases included have been drawn from localities widely separated from each other, so that any peculiarity of local conditions to which might be ascribed the favorable reports must be excluded.

(3) The report includes the record of every case returned except those in which the evidence of diphtheria was clearly questionable. It will be noted that doubtful cases which recovered have been excluded, while doubtful cases which were fatal have been included.

(4) No new cases of sudden death immediately after injection have been returned.

(5) The number of cases injected reasonably early in which the serum appeared not to influence the progress of the disease was but nineteen, these being made up of nine cases of somewhat doubtful diagnosis; four cases of diphtheria complicating measles, and three malignant cases in which the progress was so rapid that the cases had passed beyond any reasonable prospect of recovery before the serum was used. In two of these the serum was of uncertain strength and of doubtful value.

(6) The number of cases in which the patients appeared to have been made worse by serum were three, and among these there is only one new case in which the result may fairly be attributed to the injection.

(7) The general mortality in the 5,794 cases reported was 12.3 per cent.; excluding the cases moribund at the time of injection or dying within twenty-four hours, it was 8.8 per cent.

(8) The most striking improvement was seen in the cases injected during the first three days. Of 4,120 such cases the mortality was 7.3 per cent.; excluding cases moribund at the time of injection or dying within twenty-four hours, it was 4.8 per cent.

(9) The mortality of 1,448 cases injected on or after the fourth day was 4.8 per cent.

(10) The most convincing argument, and, to the minds of the committee, an absolutely unanswerable one in favor of serum therapy, is found in the results obtained in the 1,256 laryngeal cases (membranous croup). In one-half of these recovery took place without operation, in a large proportion of which the symptoms of stenosis were severe. Of the 533 cases in which intubation was performed the mortality was 29.9 per cent., or less than half as great as has ever been reported by any other method of treatment.

(11) The proportion of cases of broncho-pneumonia—8.9 per cent.—is very small and in striking contrast to results published from hospital sources.

(12) As against the two or three instances in which the serum is believed to have acted unfavorably upon the heart, might be cited a large number in which there was a distinct improvement in the heart's action after the serum was injected.

(13) There is very little, if any, evidence to show that nephritis was caused in any case by the injection of serum. The number of cases of genuine nephritis is remarkably small, the deaths from that source numbering but fifteen.

(14) The effect of the serum on the nervous system is less marked than upon

any other part of the body; paralytic sequelae being recorded in 9.7 per cent. of the cases, the reports going to show that the protection afforded by the serum is not great unless injections are made very early.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

COMPLETE INVERSION OF THE UTERUS. (*Med. and Surg. Reporter.*)

—Dr. J. H. Morgan, Wilmington, Del.—One morning I was hastily summoned to the assistance of a brother practitioner who had just delivered a primipara after a natural labor; stages short, and patient strong. He stated that the placenta came away in about twenty minutes, after using slight traction, but with it came a large, hard, round body, the sudden collapse of the patient, and hemorrhage. The conditions induced him to call for assistance, and, as a result of the excitement created in the household, six physicians were promptly at hand. Being the first to arrive, after a brief statement from the physician in charge, I examined a great tumor that filled up the vaginal space, and immediately saw that it was either an abnormal growth or an inverted uterus. Slight traction exposed the whole mass. The surface was rough, and patches of placenta adhering to it convinced me that it was the womb. On either side were the openings of the fallopian tubes, and over the abdominal region there was entire absence of any prominence. It was a complete inversion of the uterus—the body, fully ten inches long and five wide, protruding beyond the labia.

The patient was rational; pulse, rapid; face, pallid; pain, acute; condition, alarming. What must be done? I confess for the time being no deliberate course presented itself. A hasty consultation resulted in no suggestions which would enable us to proceed intelligently, but we were fully aware that something must be done if we would save the mother. To compress the organ and then force it to its place was the first thought. This idea soon led to another, and immediately I inserted my hand into the vagina, grasped the body at the fundus and gently worked it upward. After a few moments I found it was gradually inverting itself, and soon it dropped back into the abdominal cavity.

Our patient had been stimulated freely, and after the replacement seemed to revive without loss of consciousness. The pulse became less rapid and stronger, but we soon found that this was only due to the stimulants, and in two hours death supervened. No post-mortem was allowed.

WALCHER'S POSITION IN LABOR. (*Edinburgh Medical Journal*, July, 1895.)—W. E. Fothergill employed Walcher's position in six cases of delivery, five of which are described as promontory projecting, justo-minor, or a combination of these conditions. In the sixth the pelvis was normal, but the head was very large. By allowing the legs to hang down without touching the ground, an average increase of 0.93 centimetre may be obtained in the diagonal conjugate, the *rationale* of this increase being found in the fact that the pelvic girdle can rotate about an axis passing through the two sacro-iliac joints. When the symphysis moves downward in this rotation the conjugate is increased. The weight of the legs when hanging is transmitted to the innominate bones mainly by the Y-shaped ligaments, causing the rotation described, thus sparing work on the part of the uterus and musculature generally, and avoiding pressure of the head on the symphysis. In high forceps cases Walcher's position saves the perineum

from undue pressure by the forceps as well as increasing the conjugate. The strength of the operator is saved, and pressure on the head and pubic symphysis is avoided. In cases not requiring forceps, but where there is difficulty at the brim, the position saves exertion of the uterus and abdominal muscles as well as pressure on the head and symphysis. In all cases where the perineum is in danger in delivery, with or without forceps, this position, or at least extension of the legs at the hips, is of advantage in relaxing the integument and subjacent structures.

A METHOD OF PREVENTING THIRST AFTER CELIOTOMY, WITH A STUDY OF THE URINE.—An abstract of a paper read before the Ohio State Medical Society during the late meeting at Columbus, by Dr. W. H. Huniston, of Cleveland. The patient is given the usual preparation for celiotomy, *i. e.*, diet, baths, cathartics, etc. For three days prior to the operation, the patient is required to drink a quantity of hot water not exceeding one pint an hour before each meal and on retiring, thus drinking about two quarts of water during each twenty-four hours, the last pint being taken three hours before the time appointed for operation. Particularly during the day previous to the operation while the patient is restricted to a limited amount of liquid nourishment, and the bowel are being unloaded, should the water be given. Thus is restored to the system the large loss of fluid occasioned by the free catharsis, with the satisfaction of having the patient pass the ordeal of the first thirty-six hours succeeding the operation in comparative comfort, with no thirst, a moist tongue, an active renal function and a full, strong pulse. Also catheterization is rarely required. A tabulation of twenty-four successive cases in which a careful daily record of the urine was taken, gives the following results: The average total quantity of urine voided during the first twenty-four hours after admission to the hospital, was 29 fluid ounces, the average total solids amounting to 477 grains. During the twenty-four hours preceding the operation 30 ounces were passed containing 491 grains of total solids. The average quantity of urine voided during the first twenty-four hours succeeding the operation was 31.5 ounces, containing an average of 972 grains of total solids, and during the second twenty-four hours 25 ounces were passed with 680 grains. The doctor believes that the average total quantity of urine voided during the first twenty-four hours after admission is above that of the ordinary gynecologic case, but is explained by the fact at the first consultation he advised the use of at least an ordinary amount of water together with the administration of the ordinary diuretics, especially the potash salts and digitalis. Attention was called to the enormous increase in the amount of total solids eliminated during the first twenty-four hours after the operation over that of any preceding day.

INFANTILE RUPTURE. (*Truth.*)—"The smiling family were gathered round the hospitable board. The table was plenteously laid with a soup plate in front of each beaming child, a bucket of hot water before the radiant mother, and at the head of the board the Christmas dinner of the happy home, warmly covered by a thimble, and resting on a poker chip. The expectant whispers of the little ones were hushed as the father, rising from the chair, lifted the thimble and disclosed a small pill of concentrated nourishment on the chip before him. Christmas turkey, cranberry sauce, plum pudding, mince pie—it was all there, all jammed into that little pill, and only waiting to expand. Then the father, with deep reverence, and a devout eye alternating between the pill and heaven, lifted his voice in a benediction. At this moment there was an agonized cry from the mother. 'O! Henry, quick; the baby has snatched the pill!' It was too true. Dear little Gustavus Adolphus, the golden-haired boy, had grabbed the whole

Christmas dinner off the poker chip, and bolted it. Three hundred and fifty pounds of concentrated nourishment passed down the esophagus of the unthinking child. 'Clap him on the back,' cried the distracted mother. 'Give him water!' The idea was fatal. The water, striking the pill, caused it to expand. There was a dull rumbling sound, and then, with an awful bang, Gustavus exploded into fragments. And when they gathered the little corpse together, the baby lips were parted in a lingering smile that could be worn only by a child who had eaten thirteen Christmas dinners."

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

SYPHILIS, CONGENITAL, PATHOGNOMIC SYMPTOMS. (*An. Oph. and Otol.*, June.)—Silex—The diagnosis is more difficult after the fourth year, especially when complicated by scrofula or rickets; after this time the eye specialist is in a better position to judge of the existence of inherited syphilis than the general practitioner. Fournier reported that the eyes were effected in 101 out of 212 congenital syphilitics. In 82 only were osteo-plastic changes noted. In 62 to 83 per cent. of cases we find keratitis. The peculiar form of teeth described by Hutchinson and Kuies were referred to. Hirschberg stated that choroiditis areolata, serpiginata and disseminata were all believed by him to be the results of congenital syphilis. The writer would add Virchow's sign of congenital syphilis, the smooth base of the tongue.

VERTIGO. (*Deutsch Med. Zeit.*, '95.)—Mendel—The attack usually begins in the eyes, many patients perceiving first a haziness or blackness before the eyes, or dilation and contraction may be observed, or in other patients the first symptom is double vision; together with these, the objects are distorted, be they near or far, above or below. A condition of anxiety or numbness follows these disturbances, then disturbance of the equilibrium. In a number of cases, as sequelae, appear occipital pain, tinnitus, temporary partial deafness, vomiting, sweating, retardation of pulse. The author concludes that vertigo originates entirely through the muscular apparatus of the eye.

MIDDLE EAR TUBERCULAR DISEASE. (*Med. Clinic*, Jan., '96.)—Milligan—From a clinical point of view it is of the utmost importance to know definitely whether a case is tubercular or not. The coexistence of certain symptoms, the sudden onset of a purulent discharge unaccompanied by any of the usual attendants of the acute sthenic inflammation and the occurrence of a perforation covered by a creamy secretion in the center of a pale oedematous and uninflamed membrane should always excite suspicion.

CORYZA, CURED BY INHALATION OF MENTHOL AND CHLOROFORM. (*An. Oph. Otol.*, April, '96.)—Winsche claims that 10 grammes of chloroform holding in solution 5 to 10 milligrammes of menthol, will arrest a coryza in its early stages. * * * Four to six drops are poured into the hollow of one hand, then rub the two palms together, cover the mouth and nose and inhale. Repeat two or three times a day.

GLAUCOMA, SALICYLATE OF SODA IN. (*An. Oph. Soc.*, 1895.)—Sutphen reports a number of cases without a rheumatic history in which salicylate of soda relieved the pain.

CORRESPONDENCE.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

[Continued from June number.]

Dr. R. W. Miller, Los Angeles, read a paper on Functional Diseases of the Optic Nerve and Retina.

Dr. Rose T. Bullard, Los Angeles, read a paper on "A Supposed Intestinal Fungus," (page 246).

DISCUSSION.

Dr. A. L. McLeish, Los Angeles: I had a similar experience in my own family in relation to a fruit, the persimmon. I found the stools crowded with specks like hematin crystals, but rounded; when washed they were heavy and gritty. By the principle of exclusion they were found to be a part of the pulp of the persimmon, which, being attacked by sulphides, darkened.

Dr. D. B. Van Slyck, Pasadena: I had a case of which this reminds me as to paroxysms. A child, male, two years of age, gypsy, was said to have fits. When on the back, would throw legs up, backwards and forwards, until he would lose consciousness, when he would have an erection. I advised circumcision, but as they were a strolling band, they moved on.

Dr. R. W. Miller: There is a popular notion that the banana is very easy of digestion and very wholesome. I doubt if they are so, as at first they look green and immature, and begin to decay by the time they are palatable.

Dr. A. Davidson, Los Angeles: In my experience, a combination of bananas and milk is not good. Would like to know the result if given with another diet. Bananas have no "staying power" but are easy of digestion.

Dr. McLeish: In the treatment of tropical diarrhea the banana is recommended as a diet.

Dr. Bullard: The banana probably gets its reputation for being wholesome from the fact that it forms the staple article of diet for the natives in the tropics. "The large banana is gathered at three different stages: At one-fourth maturity it is rather milky and contains much starch. If roasted in ashes or boiled in water it is capable of being substituted for bread. If cut at three-fourths its growth it is less nourishing but contains more sugar; in this state it is eaten as an accompaniment to meat. When fruit is ripe the starch is changed to gum or sugar; it then develops an acid principle; it is then either eaten raw or in the form of fritters." If this child eats bananas now the same material appears in the stools, although she is on a mixed diet, so the combination with milk had no influence. I do not think this substance had any influence in producing the nervous symptoms, but report it to show how we may be deceived in the importance of a symptom.

Dr. T. J. Dills read a paper on Adenoid Growths of the Naso-Pharynx, of which the following is an abstract:

1st. He gave a brief historical sketch of the lymphoid glands, found in the naso-pharynx, oro-pharynx and alimentary canal, their anatomical and physiological significance.

2d. These masses of lymphoid tissue involving the pharynx rise to the dignity of a pathological significance only when they become hyperplastic, representing in this condition, *tissue overgrowth*.

3d. It is almost constantly an *associate* disorder of child-life, related to or conjoined with nasal stenosis, catarrhal or phlyctenular diseases of the eye, and lastly an inheritance from the exanthems, diphtheria, the gripe, etc.

4th. It represents the net results of repeated attacks of acute colds or coryza engrafted upon a lowly organized tissue whose well-known tendency in childhood is to take on hypertrophy. The strumous diathesis, lymphatism or other dyscrasia is not an essential causal factor in all cases.

5th. The well-known clinical picture is faithfully portrayed by the nasal-stenosis, mouth-breathing, nasal intonation, and lastly the facial expression, this latter being known under the term, the physiognomy of pressure and mental hebetude.

6th. The effects, immediate and remote, were fully set forth, and the danger of infection from tuberculosis, through defective or perverted functions of these masses briefly adverted to.

7th. Treatment is purely surgical; by curettage, evulsion or the galvano cautery.

The author prefers curettage, by means of the Gottstein curette; in his hands it is not only safe, but eminently successful, leaving nothing to be desired.

DISCUSSION.

Dr. E. W. Fleming, Los Angeles: I believe that the various papers on this subject result in much good, as they impress the necessity of looking after troubles of this character. I am surprisssd that there is so much resistance to operation both from doctors and the laity, such hesitancy in subjecting child to operation, although symptoms of trouble are manifest. It is an important fact that these children suffer from deficient nutrition, and although they may appear healthy and plump, they will be found to tire easily, although not indolent. We lay so much stress on expression and respiratory disturbance, we lose sight of effect in nutrition. The blood is not sufficiently oxidized; their depression results largely from repeated colds, as they catch cold on slightest change of temperature; this increases the secretions, which, being swallowed and coming in contact with gastric secretions produce a constant state of gastric derangement, and consequently disturbed nutrition. They may have appetite, but are not benefitted by food.

I think Gottstein's curette quite sufficient to remove growth; formerly thought it necessary to remove every vestige of overgrowth, but am not now so radical; think affection of hearing is due to mechanical obstruction, and that a certain amount may be present without producing deafness. The finger-nail operation is advocated by some, but do not consider it a good method; unless growth is very abundant, you will not remove much—will plough it up and may cause some absorption. If growth is soft and pliable the curette is sufficient, but if more firm would use Dr. Quinlan's forceps. It is usually necessary to give an anesthetic as the child is neurotic; prefer chloroform, because it does not cause a flow of mucus or cause so much hemorrhage. Have used nitrous oxide a number of times; this is an admirable anesthetic if you have an apparatus that works well, as the effects are transient. With it I have been able to do double tonsillectomy and remove adenoids besides. Would not hesitate to advocate it.

Dr. W. W. Murphy, Los Angeles: As to the mode of operation, in a large majority of cases, I like the ring knife, though on a broad flattened surface it would not serve. It is possible to do serious damage with forceps or old-fashioned curette—the wounding of the eustachian tube may be serious; sometimes middle ear trouble follows, but have never seen any very severe. The trouble is not confined to children; removed a large amount from a man aged 40. It is more common than given credit for; people come thinking pharyngeal tonsil should be removed, when the whole trouble is in the naso-pharynx.

Dr. H. Bert Ellis, Los Angeles: The paper was one of great merit. This subject is demanding more and more attention. The fact brought out by Dr. Fleming as to impaired nutrition is a good one, as they are often very anemic. No method can be used universally. Use of the finger is never satisfactory; a partial removal may result, but on the other hand it may be stimulated to increased growth. Damage may be done by forceps; saw a case in which a portion of septum had been torn away. The ring scoop comes nearest being universal.

Dr. Dills: Regarding care with which operation is made I cannot agree that a gentle passage of the knife or finger will have any beneficial result; the removal should be thorough. If not, it will need to be repeated; absorption will not be effected. Anesthesia is usually necessary.

After the close of the discussion, Dr. Theoda Wilkins asked if adenoid growths were the cause or effect of nasal stenosis. She has a case of child whose father had stenosis, child also had small nose. The adenoids had been removed by a good specialist, but had recurred. Would also ask if going barefoot would prevent "taking cold," as was stated by some?

Dr. R. W. Miller, Los Angeles, was asked to reply, Dr. Dills having left the room, and said: In the majority of cases, the adenoids are secondary to stenosis; heredity has much to do with it. Going barefoot may be of benefit by overcoming susceptibility to climatic changes.

Dr. Geo. B. Rowell, San Bernardino, chairman of Committee on Skin and Venereal Diseases, read a report of cases; acne vulgaris, lichen ruber, prurigo senilis, post-gonorrheal abscess of penis, senile stricture and cerebro-spinal syphilis. (Will appear later.) The case of acne presented peculiar features of cicatrization. Sulphide of arsenic 1-10 to 1-5 grain per day was given and iodide of sulphur used locally for six months when trouble and scars were removed.

Lichen ruber: An eruption resembling accurately all description of lichen ruber, was supposed to have come through contagion, a former associate having had the same trouble. Citrine ointment locally with arsenic internally cured the patient in three or four months.

Prurigo senilis: An itching papular disease, symptoms aggravated on cold damp days, slept in damp place and had symptoms of malaria. Gave cholagogue and nine grains quinine—locally citrine ointment containing 5 per cent. ichthylol; was cured in four weeks.

DISCUSSION.

Dr. A. Davidson: It is difficult to discuss a paper covering so much ground. In an acute case of acne, the administration of arsenic seems peculiar; epsom salts is one of the best remedies in acute form. I would not suppose the iodide of sulphur was any better than any other form of sulphur—think it is good in any form. The case of prurigo could hardly be called prurigo senilis; the latter is not so amenable to treatment, but when due to a special cause which can be removed, it is easily treated. Never heard a case of lichen ruber reported before, but have read of them.

Dr. Geo. L. Cole, Los Angeles: I will report a case of acne. A man, aged 20, clerk; he was so disfigured that his employer said unless he could get relief he could not retain his position. He had been treated by a half dozen good men, and had little hope that anything could be done. He went over the remedies that had been used, knew more about the treatment of acne than I, but I recalled a suggestion I had read as to the use of steel sound where there might be a possible stricture. He was willing to try it as an experiment. I found a very sensitive urethra and put him on bromide, as he was very nervous. When the sound had been passed two or three times he began to get better; at first, thought

perhaps it was a coincidence, but since he has found it necessary to have a sound passed about once in three months, and he recovers more quickly when it is used.

Dr. Granville Mac Gowan, Los Angeles: The report of the case of lichen ruber was the thing I was most anxious to hear at this meeting. Not having seen the case, I do not feel competent to give an opinion. Lichen ruber acuminata is a very rare and obstinate disease; lichen planus is more amenable to treatment or may disappear without treatment. This is the first time I have ever heard of lichen ruber being contagious—think contagion was probably only apparent as the laity do not understand.

Acne is often reflex and the treatment described by Dr. Cole was recommended by Denslow, of St. Paul; have tried it in several cases, sometimes with success, although with not so satisfactory results as Dr. Cole had. Practically every case will be cured if treatment is persisted in. Massage and galvanism will cure many cases, especially the small papular form, but will aggravate those where there is a formation of pus. Many will be benefitted by sulphur ointments and cathartics. Local use of mild bichloride of mercury lotion is one of the most useful methods.

Dr. Rowell: The case of prurigo was called prurigo senilis for want of a better name—it was due to malaria. The case of lichen was watched carefully; it presented the appearance of lichen ruber with the exception of a patch on the chest which might have been lichen planus. As to its contagiousness, I give you the patient's statement.

Dr. Beckett read a paper on "Two cases of ectopic pregnancy operated on by the vaginal method." (Page 244.)

DISCUSSION.

Dr. E. A. Praeger, Los Angeles: I have only to congratulate the doctor on the recoveries which were due to the speed with which he operated; the man who waits leaves his patient to die. The first case tends to show the advantage of the abdominal route as might then have not needed to remove the uterus. Personally, I prefer the abdominal route, as you have more room to work and to find a bleeding point, as the ovarian artery.

Dr. Beckett: With reference to election of route, the death of the fetus had occurred previous to the operation, and I think Dr. Praeger would have chosen the vaginal. I have seen patients several months in getting well on account of the carrying of septic material through the abdomen. If the ovaries are removed, the uterus is useless and may be removed. In these cases I had good drainage and no reason to regret the choice of route.

Dr. F. D. Bullard's paper on Ether Anesthesia was read by Dr. H. Bert Ellis. (Will appear later.)

DISCUSSION.

Dr. Garcelon, Pomona: The ground is covered by the paper, leaves little to be said; the subject is very important. The instrument shown is as simple and effective as anything I have ever seen. The only question is as to the use of the bag, as to whether there would be more danger of asphyxia. It adds another expense to physician's outfit, is it a benefit to the patient? Would like to know experience as to use of morphia previous to anesthetic.

Dr. D. W. Hunt, Claremont: Have noticed that where morphine was used there was persistent vomiting; would like to hear from others on this point.

Dr. E. A. Follansbee, Los Angeles: I think it is due Dr. Bullard, as he is not present, to reply to Dr. Garcelon. I listened with great interest to the paper and

think it the finest written on the subject. The apparatus is perfect in his hands; have seen him anesthetize patients when it would have been difficult to remain in the room and see an anesthetic administered in ordinary way. The rubber bag troubles every one who has not seen it used. I would like to hear from Dr. Moore, who is familiar with its use.

The president, Dr. Cole, stated that as there was only one more paper and just about time for its reading to give members a chance to get the train for Los Angeles, he would have to cut short the discussion.

Dr. M. L. Moore, Los Angeles, read a paper on Endometritis. (Page 241.) Not discussed for lack of time.

Dr. Wills moved that a vote of thanks be extended to the Pomona Valley Medical Society for their hospitality. Carried.

Society adjourned to meet in Los Angeles in December.

SAN DIEGO COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the San Diego County Medical Society was held July 3d, President P. C. Remordino in the chair. After the usual routine of business, Dr. T. L. Magee read a paper on the subject of Neuritis. The doctor called attention to the very meager character of the literature on the subject until quite recently, the earlier editions of standard works on practice in use at the present day scarcely so much as mentioning even simple cases, much less the very elaborate classification of the present day.

He then gave a brief statement of the anatomy of the nervous system, including its two great divisions, the cerebro-spinal and the sympathetic, calling attention to the difference in structure and function.

The causes of neuritis were enumerated, such as wounds, blows, compression, muscular effort, the extension of the inflammatory action from contiguous tissues, the introduction of toxic elements into the circulation, etc.

Neuritis was classified as being either local, diffusing or multiple, and also as acute and chronic.

After a statement of the salient symptoms of a local neuritis, together with an illustrative case, the doctor passed to the consideration of multiple neuritis; and after setting forth the symptoms of this form of neuritis, gave the following history of an interesting case occurring in his own practice:

Mrs. E., æt. 35, a short, stout lady, in her fifth pregnancy, and sixth month of gestation, was suffering from intense nausea and vomiting, being unable to retain the blandest fluids more than five minutes after ingestion. Pretty much all the known and many unknown remedies for the relief of the condition were tried, but nothing gave even temporary relief excepting hypodermics of morphia. By the aid of nutrient enemata and hypodermics, she was carried through to full term, and with an uneventful labor was delivered of a well-developed, healthy son.

A few days prior to her confinement, the mumps, which were prevailing in the neighborhood, were introduced into the family, and the mother, unfortunately, had never had them. Everything went along smoothly with the cessation of the nausea and vomiting until the seventh day, when she had a chill, and parotitis developed with very severe swelling of the left parotid, and in a few days paralysis of all the left side of face, which at first was thought to be due to pressure, but afterwards to neuritis. In five days more mastitis supervened and went on to suppuration.

In ten days from the time the parotitis commenced, the patient began to com-

plain of severe pains in the lower extremities, followed by the various symptoms of paresthesia, numbness, tingling, pricking and loss of power. Two days later the same combination of symptoms appeared in the forearms, and in a few days she was absolutely helpless, with well-marked wrist-drop and foot-drop. This lady, after the active inflammatory condition abated, under the use of tonics, alteratives and the Faradic current, slowly regained her health, although it was eighteen months before she entirely recovered. Since then she has been able to take long walks with as little fatigue as before the attack. As she is again pregnant her case will be watched with a great deal of interest.

A second case was also mentioned, in which multiple neuritis of a mild type in the lower extremities developed in the course of an attack of la grippe, and the essayist gave it as his opinion that in nearly all cases of well developed la grippe there was more or less neuritis, either local or multiple.

Attention was called to the difficulties surrounding the diagnosis of multiple neuritis, the diseases with which it was most likely to be confounded being poliomyelitis, acute ascending paralysis and progressive muscular atrophy. In poliomyelitis, or acute inflammation of the anterior horns of the gray matter of the spinal cord, paralysis, atrophy and degenerative reaction, are similar, but there is not the persistent muscular hyperesthesia, neither is there the diminution or alteration of sensation characteristic of multiple neuritis, such as tingling, pain, tenderness, numbness, etc. Furthermore, multiple neuritis is symmetrical in its distribution; poliomyelitis is irregular. Acute ascending paralysis does not appear in all four extremities at once and does not present the alterations of sensation peculiar to multiple neuritis. In progressive muscular atrophy there is not the loss of sensibility nor the well marked reaction of degeneration found in multiple neuritis.

In the treatment of neuritis, the most important factor is rest, after getting rid as far as possible of those conditions which tend to excite and perpetuate the disease.

In local neuritis the abstraction of blood by cups or leeches over the seat of the inflammation will tend to relieve the condition, and if the nerve be superficial the application along its course of a solution of nitrate of silver, gr. xl. to the ounce will frequently abate the inflammatory condition. The application of heat is beneficial; for the relief of the agonizing pain hypodermics of morphia will usually have to be employed.

In multiple neuritis the same methods apply as to local measures. Salicylic acid and salicylate of sodium are considered beneficial as internal remedies, and also iodide of potassium, especially if there be any syphilitic taint. The acute stage being over, and as soon as the degeneration process has come to a standstill, electricity should be employed persistently and methodically to restore the nerve fibre and strengthen the paralyzed muscles, the regeneration of nervous tissue and the restoration of function following the inflammatory disorganization of the tissues being often truly marvelous.

DISCUSSION.

Dr. P. S. Leisenring, in opening the discussion, said:

I am of the opinion that while neuritis is an interesting disease, yet it is not as common as many suppose, especially in this climate. In Nebraska and Pennsylvania, where I formerly practiced, the rigorous climate had a tendency to produce the disease much oftener than here. In the treatment of neuritis I think local applications are of great value; warm fomentations are good. I have been in the habit of applying locally a solution of veratria, 10 to 30 grains to the ounce,

with excellent results. For constitutional treatment I prescribe iodide of potassium and vinum colchici; also anodynes for the relief of pain.

Dr. D. Gochenaux: I have been studying this disease of late, and I am glad the doctor connected it with la grippe. I believe in nearly all our cases of la grippe there is a preceding neurosis acting in the causation, first through the circulation, the primary cause being an obstructed or perverted circulation through the capillaries, and what we need is better aeration of the blood by more outdoor exercise.

Drs. Freeman, Burnham, Park and Remondino cited cases of neuritis from their own private practice.

THOS. L. MAGEE, *Secretary*.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The second regular June meeting was called to order at 8:30 P. M., June 19, by the vice-president, Dr. Praeger.

Dr. Wellington C. Burke read a paper entitled "Some Causes of Pelvic Pain Frequently Overlooked," (page 248).

DISCUSSION.

Dr. Wm. Dodge: The paper is commendable not only because of its contents, but because it is brief and to the point. We all overlook these conditions too frequently; are too likely to expect to see the cause of all trouble through the vaginal speculum. Had a case recently, which emphasizes the doctor's remarks, where there was a catarrhal, dysenteric condition relieved by washing out of rectum and use of astringents.

Dr. F. T. Bicknell: We all know that rectal troubles are prolific of as much pain—a most peculiar, aggravating pain—and as obscure as any disease can be. The trouble to me is the difficulty of examination. Unless it is a very plain, marked case, thorough investigation without an anesthetic is impossible. I treated a patient several years ago for female complaint without benefit; didn't get any complaint of rectal trouble from her. She passed out of my hands and was soon cured. I learned on inquiry that her trouble was rectal. Pain at defecation, mucous discharge and diarrhea should be looked into. As to treatment, washing out with boracic solution and use of suppositories are the principal features. Curetting, packing with gauze, etc., could only be done under an anesthetic. I should hesitate to recommend the introduction of anything that must remain in the rectum, as it is very painful. The idea is to have cleanliness and the removal of all granulations and irritation.

Dr. Mary Stark: The paper calls to mind a patient of mine who had been thrown from a sleigh. I found retroversion, treated her about six weeks, correcting the displacement, without relief of the symptoms. She went to another doctor, and afterwards told me he found a rectal ulcer, which was soon relieved. In female patients, with straining and one finger in the rectum to expose surface, have easily found lesions in the lower part of the rectum, their usual location. As to leaving tube or gauze in the rectum, it has always been my custom, and there has been no complaint.

Dr. F. C. Shurtleff: I believe the point of curetment is a good one. At the hospital I had some experience with rectal ulcers, and at the suggestion of Dr. Skene, began a series of curettements, resulting very satisfactorily. I agree that they are usually in the lower part of the bowel. Personally have not used gauze, it is difficult to insert without an anesthetic; have used a four per cent. solution

of cocaine, but its application was as painful as to do without. Have used suppositories of belladonna and iodoform. Would like to ask about curettement of malignant ulcers.

Dr. E. R. Smith: From remarks of those preceding me, would infer that rectal ulcers were very common. I have only seen two or three in twenty years' practice. Do not think the erosions we find in the lower part of the bowel are cured by curettement and packing—are better treated by lotions. Cannot understand how mucus is the product of an ulcer; think it is rather the result of sigmoid disease or some trouble higher up.

Dr. Burke. I have been misunderstood on a few points. In the vast majority of cases it is impossible to make a satisfactory examination without an anesthetic; think by simply introducing finger into rectum can ascertain nothing. After curetting, have only made one packing, leaving from eight to twelve hours. Malignant ulcers call for resection, curettement is only palliative.

Dr. Bicknell: Is it not the experience of all that you get as much or more pain from presence of growths varying in size from kernel of wheat to one-fourth inch long, sensitive as an urethral caruncle, situated around the lower part of the rectum? In a recent patient who insisted she had rectal trouble, I found after dilating under anesthesia, one-half to two inches above the anus a dozen of these; after their removal she was entirely relieved. I frequently find this condition. I have not been able to roll out a regular ulcer by straining and use of finger; may find erosions in this manner. I think this condition can produce such an irritation as to cause mucus diarrhea without trouble higher up. I do not think regular rectal ulceration is common.

Under verbal communications, Dr. F. D. Bullard said: Believing it right to report failures as well as successes, it becomes my disagreeable duty to announce a death from ether anesthesia. The operation, performed by Dr. Dodge, was curettement, trachelorrhaphy and perineorrhaphy and lasted about one hour. The patient, aged 33, had a weak heart and was prepared by a course of strychnine, gr. 1-40 every four hours for several days. Immediately prior to the operation she received strychnine, gr. 1-40 and atropine, gr. 1-100. She went under the influence quickly with no struggling. Her pulse, at the onset, was 110, but in ten minutes dropped to 90; in about half an hour it was 120 and the respiration to 30 per minute, with some signs of cyanosis. Strychnine, gr. 1-20 and digitalis, gr. 1-30 were given. The ether was withdrawn entirely and the perineorrhaphy completed in about 20 minutes without renewal of the anesthetic, although she made some resistance. Ten minutes after the completion of the operation, the patient was talking rationally. On removal to bed, some mucus was heard and atropine, gr. 1-50 was given; one-half hour after return to consciousness, she expectorated freely a fine, comminuted mucus, and in a half hour more became very much cyanosed. We tried to get oxygen but failed. Artificial respiration was kept up one and a quarter hours, but was of no avail, the patient dying sometime during the manipulations. No post mortem was allowed, but death was evidently due to edema of the lungs produced by ether, but probably aided by a grave circulatory fault; only four ounces of ether were used. There was no kidney trouble. It was learned afterwards that she had had a few asthmatic attacks. This death emphasizes the fact that the danger from ether comes late, while that from chloroform comes early. There have been in this city within the past 18 months three deaths from chloroform, two of them before the operation began and one at the first incision.

Dr. Dodge: A history of the case may throw some light on it. A year ago she had a miscarriage at five months from no cause but a bad laceration—made a

fair recovery. Did not see her until March, when she came to office for tonic, was run down through the care of her children, who had been having measles. She had a little difficulty in breathing and I examined her heart thoroughly on two or three occasions, and found no organic trouble, although there was a weakness or faltering. She removed to Ventura, and as I had told her she needed an operation, she came down for that purpose. During the operation, could not detect trouble from the pulse, but there was a tumultuous beating of the heart. After her death the husband told me she had a severe attack of bronchitis in Ventura and had asthmatic breathing.

Dr. L. M. Powers: It was unfortunate that you could not get a post mortem; I would suspect an aneurism at the arch of the aorta.

Dr. Smith: As she had a little asthma, there may have been some emphysema present as a result of dilated heart.

Dr. Dodge: I went over chest thoroughly and found nothing but that heart was a little weak.

Dr. Geo. L. Cole: I should feel that there must have been some organic disease of heart and will report a case as an evidence of difficulty of diagnosis. I made a careful physical examination of the patient a few days before his death, but was unable to find a trace of heart trouble, yet he died suddenly with precordial pain while I was in the room. The post mortem showed a fatty heart with rupture on the anterior surface adjacent to the septum. He was a physician and the thing that impressed me was how he could have gone on for years without suspecting it. There was no irregularity of pulse, the apex beat was normal, the only symptoms were attacks of slight precordial pain which he attributed to indigestion, and which ceased when he retired from practice. Do not see how the manner of giving the anesthetic could be criticised or could cut any figure in the case.

Dr. E. A. Praeger: No one who is familiar with Dr. Bullard's method would suspect him of not giving care. There may have been a heart lesion which was overlooked, but even if discovered, no one would have hesitated to use ether. It may have been only a coincidence as in the case of a titled lady who went upstairs to a dentist to have a tooth filled. He told her it would have to be extracted, but that he could give her gas. While getting it ready, she died. If he had been a little quicker this would have been set down as a death from nitrous oxide. In the same way, this lady, having a weak heart, might have died in the doctor's office or on the street.

July 17, 1896.

The second regular meeting was called to order by the president at 8:15 P. M.

Dr. M. L. Moore read a paper on Endometritis. (Page 241.)

DISCUSSION.

Dr. O. D. Fitzgerald: Think perhaps we are curetting too many of one class of cases and letting others go free who need it; no amount of local treatment will relieve a uterus when there is hypertrophy of the mucous membrane and enlargement of the blood vessels. Ordinarily I do not use anesthetic and get along very well. I have always advised against the reckless use of the sharp curette. Thomas says it is only necessary to break the continuity of surface. The doctor gave one good warning, viz., not to drag the uterus down for trouble will be sure to follow; it is only necessary to make gentle traction so as to straighten the canal as much as possible. The mucous membrane here is peculiar; we frequently have only an endocervicitis, the inflammation does not crawl up as it would on the surface of the skin. I had a case of obstinate

leucorrhœa in which, with a long pointed syringe, I injected peroxide of hydrogen into the uterine cavity once a week for two months; it seemed to relieve and give permanent results and I will give it further trial.

Dr. E. A. Follansbee: I wish to emphatically dissent from Dr. Fitzgerald's opinion that anesthesia is not necessary; think ether should be given in every case. If one doesn't know how to use the sharp curette, he should not use any; with the dull, you only mow down, and sooner or later, it is necessary to repeat the operation.

Dr. J. R. Colburn: As I am a general practitioner, my opinion may be of little weight, but my experience would confirm the proceedings recommended in the paper. More can be accomplished in one-half hour under anesthesia than by months of tender painting. Anesthesia is necessary to permit free dilatation, which not only facilitates curettement but ensures free drainage. In one or two cases where the operation had to be abandoned after dilatation on account of a weak heart, the result was as good as if curettement had been done.

Dr. J. T. Stewart: I think if history could be secured, that masturbation plays an important role in causation of endometritis. The endometrium should be considered as a lymphoid gland, an avenue of lymph spaces which communicate with the peritoneum and therefore if there is any septic condition present, an early and thorough curettement with sharp curette under complete anesthesia is necessary. All cases due to abortion, gonorrhœa and bad midwifery should be treated in this manner. Aside from these cases simple treatment may be sufficient. In one very septic case after curettement, we lightly sutured in a glass drainage tube and washed out the uterus daily as long as needed with happy results. Think tamponing with iodoform gauze after curettement a most irrational procedure, and would advocate suturing in a strong rubber drainage tube, leaving it until you get a clean cavity; if it softens before this is accomplished, replace it with a new one.

Dr. Fitzgerald: Some of our best authors recommended the same stand I have taken. When I have a septic case I use a sharp curette, but in a simple case where there are perhaps a few fungosities, I can remove them by the dull curette without injury to the mucous membrane. The use of drainage tube has been advocated for years.

Dr. Stewart thought it impossible to remove fungosities by dull curette, that it would only break through epithelium and produce a breaking down of tissue with resulting harm, but Dr. Fitzgerald repeated that he could and did remove them with dull curette.

Dr. Moore: There is no question but that masturbation will produce congestion of pelvic organs, but the majority of cases can be accounted for by tight clothing, irregular hours, lack of exercise, etc. Anesthesia must be complete, for all have noticed how the patient will squirm if dilatation is begun before she is fully under. If dilatation is not thorough, in ten minutes, it will be down to its original size. In some cases where we expect to get a quantity of detritus, we get nothing—a condition of atrophic endometritis; we here get no beneficial results except from dilatation. I understand that the present teaching of the pathology of endometritis is that there is a thickened mucous membrane with an increase of glandular elements and not a fungous condition. I would like to ask Dr. Lula Ellis about this.

Dr. Lula T. Ellis: My teaching has been that there is a hypertrophy of the mucous membrane.

Under verbal communications, Dr. J. T. Stewart gave an interesting report of tuberculous "bone cases." He thought it was usually secondary to tuberculosis

in the lungs or elsewhere. In about twenty cases in his practice, nine were in the tibia of which five were traumatic. One of these in a lady, 40 years old, had been treated as rheumatism, when an abscess developed, was opened up and found to extend down into tarsal boxes. Both legs were affected and finally, after consultation, one was amputated and the other scraped; is getting well. Her son is far advanced in consumption, could she have contracted it from him in any way? It is rarest thing for tuberculosis to attack a fracture, strange that when bruised it so often results; tissues must be surcharged with tubercle. Three of the cases were in the hip joint; resection was done in one, a girl, and she got well, lived for three years, when she died of pulmonary tuberculosis. Only one case occurred in the femur. In one case of tuberculosis of vertebra an abscess was opened in the groin; others formed. The temperature showed collection of pus. Dr. Kurtz encouraged the hunt for it; didn't know whether probe was in the pericardium or not, but finally found the pus, and patient got well. Thought we were not bold enough; should follow down and scrape out tubercular matter.

Dr. W. W. Hitchcock agreed with him as to the treatment; had but one case of necrosis of vertebra and did not suspect that until abscess appeared in lower part of thigh; it was aspirated and the cause located in second and third dorsal vertebra. Dr. Chas. Parkes, of Chicago, saw the case and gave an unfavorable prognosis; said he had never seen so bad a case recover, but patient got well. He agreed to immediate removal of necrosed tissue as best conservatism.

Dr. A. Davidson said that in vertebral disease, the pus may present in any part above knee; sometimes discharges gallons, especially so before the days of Listerism. Thought it remarkable that case should be mistaken for rheumatism. No use to go down at once and scrape out, but rather wait for line of demarcation; no danger of constitutional infection by waiting. Tendency is towards conservatism; used to resect, but now it is a matter of pride not to do so.

Dr. E. A. Praeger thought it a question whether cases were traumatic, perhaps only a coincidence or due to the lowered vitality of the part. Senn thinks they are a reinfection from other parts. Perhaps the rarity of tuberculosis at site of fracture is due to physiological fact that a larger supply of blood is sent to the part; the advantage of an increased blood supply has been recognized in that it has been recommended to apply a ligature to prevent free return from affected part and thus bathe it in blood. Best diagnosticians have been fooled; do not expect tuberculosis in patient at 40 years of age with sound constitution. In child up to puberty, should suspect tubercle.

Dr. Davidson asked if any one had ever seen a case of rheumatism in one spot over tibia.

Dr. Stewart said it didn't necessarily follow that a hemorrhage under the periosteum would result from a blow; the vitality only was lowered. Absurd to wait for line of demarcation; why would it not be carried to other parts and produce constitutional trouble? What treatment could be carried on in the meantime? There is nothing of value but beefsteak and air. Rational treatment is to wash out and scrape away all diseased tissue.

The resignation from membership of Dr. C. H. Whitman was received and accepted.

Dr. J. W. Wood, of Long Beach and Dr. W. T. McArthur, of Los Angeles, were elected members.

ROSE T. BULLARD, Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held May 14, 1896, the following were granted certificates to practice medicine in this State.

BORGHESETTI, E. P., 4317, Oakland, Univ. of Padua, Italy, Nov. 30, 1891.
 BREED, FRDERICK L., 4318, San Diego, Med. Dept. State Univer. Iowa, March 4, 1885.
 BROWNLEE, CHAS. Y., 4310, San Jose, Med. Dept. Tulane Univ., La., April 1, 1890.
 BURTON, JOHN, 4320, Pomona Jefferson Med. College, Pa., March 7, 1897.
 CARLETON, CHARLES H., 4321, Los Angeles, Med. Dept. Univ. City N. Y., March 6, 1886.
 DITTENHOFFER, TILLIE, 4322, San Francisco, Med. Dept. Univ. of Oregon, April 1, 1890.
 FLINT, WM. H., 4323, Montecito, Bellevue Hosp. Med. Coll., N. Y., March 1, 1877.
 GOFF, HARRY N., 4324, McGill Univ., Montreal, Canada, April 4, 1893.
 GRIFFIN, ALONZO P., 4325, Forbestown, Med. Dept. Univ. Tenn., Nashville, Feb. 24, 1891.
 HENRY, LEROY, 4326, Kirkwood, Med. Coll. of Indiana, March 30, 1893.
 KEITH, JAS. B., 4327, San Francisco, Med. Dept. City of N. Y., May 1, 1894.
 LATHAM, EDWARD H., 4328, San Anselmo, Miami Med. Coll., Ohio, March 5, 1894.
 LEIB, THOS. N., 4329, San Francisco, Med. Department Univ. Penn., March 15, 1878.
 LITVIN, ABRAHAM, 4330, New York, Bellevue Hosp. Med. Coll., N. Y., March 26, 1896.
 MACKINNON, J. A., 4331, San Diego, Trinity Univ. Toronto, Canada, May 19, 1886.
 MACOMBER, E. K., 4332, San Jose, Med. Dept. Univ. Denver, Colo., April 16, 1896.
 MCCANN, DANIEL B., 4334, Great Falls, Mont., Rush Med. Coll., Ill., March 25, 1890.
 MCLEOD, JOHN A., 4334, Brooklyn, N. Y., Bellevue Hosp. Med. Coll., N. Y., March 11, 1889.
 NORGREN, CARL L., 4335, San Francisco, Royal Frederick Univ., Norway, Dec. 21, 1886.
 PENA, JOSEPH M., 4336, San Francisco, Medico-Chirurgical Coll., Pa., April 11, 1894.
 SCHICK, GOTTLIEB, 4337, San Jose, Coll. Phys. & Surg., Ill., Feb. 21, 1887.
 SHURTLIFF, FRED K. C., 4338, Los Angeles, Long Island Coll. Hosp., N. Y., March 12, 1891.
 WAGNER, JAMES H., 4339, Selma, Med. Dept. Vanderbilt Univ., Tenn., March 31, 1896.

At a meeting of the Board of Examiners of the Medical Society, State of California, held June 2d, 1896, the following were granted certificates:

CLINCH, J. H. McL., 4340, Portland, Or., Med. Dept. Univ. Oregon, April 1, 1869.
 CORBIN, FRANCIS E., 4341, Los Angeles, Detroit Med. Coll., Mich., June 29, 1890.
 COWEN, EDWARD JAMES, 4342, Fullerton, Trinity Coll., Dublin, Ire., M. B., March 5, 1873. Trinity Med. Coll., Dublin, Ire., B. Ch., July 4, 1878.
 EWING, BENJ. HAWK, 4343, San Francisco, Med. Coll. of Ohio, April 9, 1896.
 HALE, G. V., 4344, Milpitas, Jefferson Med. Coll., Pa., April 2, 1883.
 JACKSON, H. NELSON, 4345, Burlington, Vt., Med. Dept. Univ. Vermont, July 17, 1893.
 KELLOGG, P. S., 4346, Honolulu, H. I., Detroit Med. Coll., Mich., May 3, 1895.
 KETCHAM, LEANDER T., 4347, San Diego, Med. Dept. Univ. Vermont, July 1, 1880.
 MASEORROLL, MANUEL, 4348, San Francisco, Harvard Med. Coll., Mass., June 28, 1875.
 MILLARD, CAROLINE A. HOLLISTER, 4349, San Francisco, Med. Dept. Univ. Michigan, Mar. 24, 1875.
 PRATT, HERBERT E., 4350, National City, Chicago Med. Coll., Ill., March 29, 1887.
 SULLIVAN, ELLA WARREN, 4351, San Diego, Cincinnati Coll. Med. & Surg., Ohio, April 2, 1896.
 TSUMAKI, MASATARO, 4352, San Francisco, Med. Examining Board, Tokio, Japan, May 1, 1883.
 WALKER, ARCHIBALD DUNN, 4353, Riverside, Queen's Univ., Canada, April 23, 1888.

COOPER MEDICAL COLLEGE, CAL., DEC. 5, 1895.

GALLAGHER, JOHN JOSEPH, 4354, San Francisco. WENTWORTH, WM. H., 4355, San Francisco.

MED. DEPT. UNIV. CAL., MAY 13, 1896.

ALLEN, CLIFFORD EMMET, 4356, Bangor.	O'BRIEN, JOHN T., 4362, San Francisco.
BLUM, SANFORD, 4357, San Francisco.	O'MALLEY, WM. HENRY INGRAM, 4363, San F.
COR, LEONARD HAYES, 4358, San Francisco.	STONE, M. VOORHEES, 4364, San Francisco.
MAHER, THOMAS DAVIS, 4359, San Francisco.	STOVER, WM. M., 4365, San Francisco.
MCLAUGHLIN, ALFRED, 4360, San Francisco.	THORPE, LEWIS SANBORN, 4366, Los Angeles.
MUSCOTT, BRAYTON, 4361, San Francisco.	

REFUSED.

RUPIN, A., San Diego. Insufficient Credentials.
 FLEMING, J. C., Fruitvale, College not recognized.



NAPA SODA SPRINGS AND CASTLE PEAK IN THE BACKGROUND



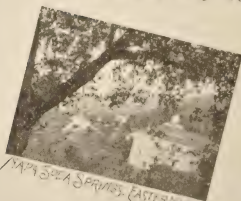
ROTUNDA, NAPA SODA SPRINGS.



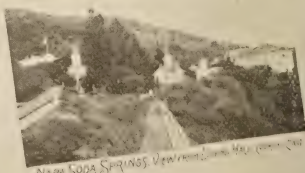
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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

TWO VIEWS.

In effect some of the newly fledged quacks of Los Angeles say: "It is a mistaken notion and an exploded idea that the medical profession is other than a business, any up-to-date doctor 'cares more for his patent than for his patient, is more desirous of making dollars than of curing disease.' That man is the best doctor who succeeds best; i. e., gets the most business. Those business concerns which advertise the most get the largest returns, whether they are dry goods or medical companies. Certainly in so valuable a thing as life and health Madame Grundy will consult those whom she thinks most capable, and those who most freely patronize printers' ink will be the ones she would most hear of. To be sure a little judicious lying, as in most advertising, will be indulged in, but that, as was told Midshipman Easy, is only 'zeal in the service'; then in conferring on the dear public professional services at cut rates the advertiser is fulfilling the golden rule."

In reply the professional gentleman states it is a lie that this most

unselfish life work is a business; it is a profession where honor and educated intelligence combine for the bettering of human suffering. It is filled with gentlemen whose code of ethics is higher than that of any organization in the world. What then can be said of the medical backslider? Who is the worse quack, the street fakir to the manor born, or he who once lived an honorable professional life, and then turns to the wallow of loud and lying advertisements. They all pretend to especial skill, but where among them can be found even an ordinary surgeon, or a physician of sufficient ability to earn a decent livelihood without the assistance of disreputable means? Attracted by their specious claims, a woman suffering from tuberculosis was being treated by these soiled doves of the medical profession, when she had an obstruction of the bowels. For four days these supposed experts allowed the patient to suffer with stercoraceous vomiting; then they called in a reputable surgeon. An operation was performed, but it was too late, as the bowels were in a semi-gangrenous condition. An early interference would probably have saved the patient's life. Who was to blame for her death? Emphatically the advertising quack, whether from ignorance of the gravity of the case or from inability to cope with it, or fear of losing his connection with the case if he called in a regular surgeon. That is just what did happen: the guilty doctor was obliged to remain outside the hospital, and if he has a speck of manhood left, shame and sorrow must fill his soul, sorrow for his fatal delay, and shame for his ostracism, for the surgeon denied him the privilege of witnessing the results of his own negligence.

EDITORIAL NOTES.

DR. JAS. KINGSBURY, of Sydney, Australia, has located permanently in Los Angeles and resides at 1049 S. Olive street.

DR. FRANK S. BARNARD, of this city, has returned from Europe, where he has been studying.

DR. J. V. LARZALERE has removed from San Diego to Escondido, where he will practice his profession.

DR. ALFRED FELLOWS, a brother of Mrs. J. R. Haynes, has come to this city to reside.

DR. LULA T. ELLIS has returned home, after having spent a year at microscopical work in London and Edinburgh.

DR. L. GOODFELLOW, a resident of Arizona for over twenty years, and until recently Health Officer of the Territory, is the latest Arizona convert to Los Angeles climate.

DRS. W. L. WILLS and J. A. Le Doux have moved their offices to the Wilcox Block.

THE latest arrivals in the Bradbury Block are Drs. E. A. Praeger, J. K. Carson, B. Sherwood Dunn, H. Bert Ellis, F. D. and Rose T. Bullard.

DR. SAM'L. L. KISTLER wishes to locate in California, and desires to correspond with physicians who wish to retire from practice. A partnership with a physician who is well established would be acceptable, if mutually agreeable. Dr. Kistler offers his outfit in Columbus, O., for sale on very favorable terms. Address all communications to S. L. Kistler, 143 N. Fourth street, Columbus, O.

PROF. EDWIN KLEBS has been elected to the chair of pathology in Rush Medical College. This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England. This recognition entitles its alumni to all the privileges accorded to the graduates of other institutions recognized by that board.

ALL the opportunities do not exist in the West. We know of a specialist with a lucrative practice in one of the large Eastern cities who wishes to sell both his practice and good will. Here is an excellent chance for some eye and ear man to obtain a most desirable position, including hospital and railroad appointments as well as a chair in a medical college. Any one wishing such a place should correspond with the editors of the PRACTITIONER.

BOOK REVIEWS.

ATLAS OF TRAUMATIC FRACTURES AND LUXATIONS, WITH A BRIEF TREATISE. By H. Helferich, M.D., Professor at the University of Greifswald, with one hundred and sixty illustrations after original drawings, by Dr. Jos. Trumpp. New York. Wm. Wood & Co. 1896.

The day of didactic lectures is past, and that of practical demonstration has dawned. The only place to learn anatomy is in the dissecting room, and the best way to learn anatomical facts there is to link theory with facts. Dr. Helferich has produced lesions in the laboratory and carefully reproduced them in his illustrations, and he has beautifully accomplished what he modestly asserts in his preface: "I have endeavored to furnish a work of practical utility, and at the same time to facilitate the comprehension of the questions arising, especially as regards anatomical details * * * It is hoped that the work will be of some use."

The reviewer well remembers how often he wished that in drumming into his unwilling head the dry details of anatomical arrangement, there could have been impressed some practical reason *why* such and such a fact is important to remember, then he would not have promptly forgotten nine-tenths of the forced knowledge the day after examination. In this Atlas, muscle and bones are

depicted as surgeons ought to know them; the great bugbear of the doctor is a broken leg or arm; if he knows the essentials of osteology and myology, he can correctly diagnose, treat and prognose his cases.

This is a book for student and for practitioner, and it is good for all. The theorist from it can learn the mechanism of human locomotion, the practical man can apply the knowledge thus obtained; indeed, it makes the men one. It gives the mechanical doctor a reason for the faith that is in him. The plates are colored, some of them requiring more than a score of impressions. They are accurate as far as the *necessary* details are concerned, they are in fact demonstrations of the text as indeed they must needs be, for the text is but amplification of the illustrations. The more common fractures and dislocations are quite thoroughly discussed, the rare ones passed with but slight description.

This Atlas is the third of an interesting series, the first two being on Ophthalmology and Neurology. They are of uniform size (5 x 7½ inches) and binding, with descriptive matter for each plate, for convenience of study, opposite the corresponding plate. These Atlases are of convenient size for carrying about, and can thus be utilized on the ground. We think the idea of the work is an excellent one, and that the subject matter—fractures and dislocations—will give this Atlas a wide circulation. The publishers intend to give two more Atlases to the profession, one on Obstetrics and the last on Gynecology. The entire set will be sold on subscription for \$15.00. Of the three out this number will do the most good, for it will meet with the largest circulation.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES. Designed for Practitioners and Students. By S. G. Gant, M.D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges; Lecturer on Intestinal Diseases in the Scarritt Training-School for Nurses; Rectal and Anal Surgeon to All-Saints, German, Scarritt's Hospital for Women, and Kansas City. Fort Scott and Memphis Railroad Hospitals, to East-Side Free Dispensary, and in Children's and Orphans' Home, Kansas City, Mo.; Member of the American Medical Association, National Association of Railway Surgeons the Mississippi Valley Medical, the Missouri Valley Medical, and the Missouri and Kansas State Medical Associations, etc., etc. With two chapters on "CANCER" and "COLOTOMY" by Herbert William Allingham, F. R. C. S., Eng., Surgeon to the Great Northern Hospital; Assistant Surgeon to St. Mark's Hospital for Diseases of the Rectum; Surgical Tutor to St. George's Hospital, etc., etc., London. One Volume, Royal Octavo. 400 pages. Illustrated with 16 Full-Page Chromo-Lithographic Plates and 115 Wood-Engravings in the Text. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 West Forty-Second Street, New York; 8 Lakeside Building, Chicago.

In Gant's Diseases of the Rectum the medical profession have a work that is systematised, direct, concise, well illustrated and modern.

It begins with a short description of the anatomy and physiology of the parts, and the symptomatology arising from their disturbance. Then follows directions as to the methods of examinations, after which fistulae, ulceration, stricture, hemorrhoids, tumors, inflammations, etc., are discussed at length. There are two chapters written by Allingham, on "Cancer" and "Colotomy." There are also two chapters not usually found in works of this kind, and of especial importance, namely, "Railroading as an Etiological Factor in Rectal Diseases," and the other "Auto-intoxication from the Intestinal Canal."

The style, paper, binding, printing, and the plates are all in keeping with the general excellence of the work, and its moderate price will recommend it to the student or general practitioner.

The illustrations deserve more than a mere mention. They are all new and original, most of them taken from photographs, and are as good lithographs as we have ever seen in works on diseases of the rectum. The chief fault of the work is its deficiency in pathology.

DON'TS FOR CONSUMPTIVES, OR THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS. How the Pulmonary Invalid may Make and Maintain a Modern Sanitarium of his Home, with Additional Chapters Descriptive of How Every Consumptive Person may Apply the Forces of Nature to Assist and Hasten Recovery, and also How the Defects of Heredity may be Best Overcome. By Chas W. Ingraham, M.D., Binghamton, N. Y. Feb., 1896. The Call, Binghamton.

The author, in his preface, states the following objects of this little work:

1st. To outline a method of general management. 2d. To indicate the procedures in order to obtain the full benefit of the curative forces of nature (air, food, exercise, etc.). 3d. To point out a method of creating and maintaining an immunity against contagion. 4th. To educate the pulmonary invalid in the details pertaining to the absolute destruction of all infectious matter generated by his disease. 5th. To interest the consumptive in his physical condition and general sanitary surroundings.

This book meets the unqualified approval of the reviewer in that it sticks to its proper sphere—it is for the invalid himself and has no reference to the drug treatment of the disease, but contains wise, judicious and extended directions for the afflicted patient in order that he may conduct his life with safety to himself and to his companions.

The mixing of medical prescriptions with works intended for the laity we abhor, and this fault this little work rigidly excludes.

SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES. By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M.D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine; Consulting Dermatologist to the St. Louis City Hospital, to the St. Louis Female Hospital; Physician for cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to Pius Hospital, to the Rebekah Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc., etc. Being Volumes II and III of "Syphilis To Day and Among the Ancients," complete in three volumes. 12mo. 300 pages. Extra Cloth, \$1.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This book is exceedingly interesting reading. It is, of course, historical, literary, and full of quotations from authors. While it is a medical history, one can read between the lines the truth as to the customs, the morality, or as this book reveals, the *immorality* of the past few centuries. And it is just this feature which impresses itself on the reviewer most strongly, that the modern churchman is infinitely superior to the medieval priest in morality and chastity.

The facts mentioned prove beyond cavil that syphilis is of pre-Columbian origin. It is wonderful how long the truth about syphilis has remained hidden. This may be due to the fact so tersely put in the preface: "Few men, as a matter of fact, know how to see scientific questions in a just light, and misfortune decrees that, as long as science is misunderstood, everyone considers himself competent to speak about it."

This little volume is erudite and scientific and one which the well-informed physician ought to read, for more than one reason, for in comparing present times with the past there is certainly hope for the future.

BORDERLAND STUDIES, MISCELLANEOUS ADDRESSES AND ESSAYS PERTAINING TO MEDICINE AND THE MEDICAL PROFESSION, AND THEIR RELATION TO GENERAL SCIENCE AND THOUGHT. By Geo. M. Gould, A.M., M.D., formerly editor of "The Medical News." Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1896. \$2.00.

These essays, 24 in number, are worthy the pen of a Holmes. They are about questions which interest the physician's welfare and the public good. In the essay on "the Etiology, Diagnosis and Treatment of the Prevalent Epidemic of Quackery," he hits the nail on the head in the definition of a quack: "A quack

is a man more interested in himself than in the healing art; caring more for his patent than for his patient; more desirous of making dollars than of curing disease. A physician is one whose first thought is to cure his patient."

These papers are entertaining and instructive, from the witty "Apotheosis of Hysteria and Whimsicality" to the profound "Immortality." The latter essay abounds in striking passages, telling phrases and novel ideas. Indeed, though some of the views advocated seem incongruous, yet the article meets many of our moods and tenses. Dr. Gould is evidently a man of strong convictions, and has no hesitation in combatting received opinions if they are in his judgment erroneous. The essays are the product of one who is able, sincere, learned and independent. The keynote of the essay on immortality is the short sentence: "Life is as inextinguishable as physical force."

In "The Modern Frankenstein" he jumps on the prevalent delusion that crime is the result of disease in a truly delightful manner that evokes a fervid "Amen" from the reviewer. While, of course, the doctor can get along without this "Borderland Studies," he will find them exceedingly interesting reading, and they will furnish him with food for careful thinking.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc. Second Edition, Revised, with 55 Illustrations and 3 Plates in Colors. Philadelphia: W. B. Saunders. 1896. \$1.50.

As Dr. Chapman was the coroner's physician for a number of years in Philadelphia, and as he is also a teacher in medical jurisprudence, he is competent to combine the practical with the theoretical in appropriate quantities. Of course a work of this size, 254 pages, does not claim to be exhaustive, but its cheapness, and the fact that it covers the ground concisely and practically, recommends it to the student of the smaller colleges, and to the general practitioner. Unfortunately as yet the subject of medical jurisprudence has received but scant attention in the majority of the colleges; and those called upon to give expert testimony are often far from authorities on the questions involved. To prepare the young graduate on these questions is, we opine, the object of this book.

It is the duty of the reviewer to instruct a class in toxicology, and he follows a plan closely allied to that advocated in this book. This plan we believe to be suited to students who have limited time, and a modest laboratory to devote to these subjects, and under these circumstances it will be more appropriate than the larger and more pretentious systemic works. Not only does Chapman follow a similar classification to the reviewed, but nearly the same poisons considered, the only difference being a few more were considered. Among the topics considered under toxicology, are signs of death, manner of making post mortem examinations, wounds, blood stains, burns, scalds, death from feticide starvation, heat, lightning, rape, pregnancy, infanticide, legitimacy, malingering and insanity.

DON E. ASHLEY, M.D., Guy's Mills, Pa., says: After the mania produced by improper use of alcoholic beverages has been controlled I know of no better compound than *CHLERINA* to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak not from the experiences of other physicians, not from hearsay, but from knowledge obtained from the careful observation of happy results brought about by the administration of this useful medicine.

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June, 1896.

ESTIMATED SCHOOL CENSUS, 1895, 20,684.

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			Male	Female	Anglo-Americans	Laos	Foreign Born	Chinese	African	Mongol	
Deaths from all causes.....	100	13.02	73	43	31	11	43	33	100	4	4
Deaths under 5 years.....	33	1.10	17	10	7	2	7	5	17	1	1
i. Specific infectious diseases.....	42	2.16	9	9	0	0	7	5	17	1	1
ii. Diseases of the digestive system.....	24	2.88	13	11	12	2	6	1	4	1	1
iii. Diseases of the respiratory system.....	24	2.64	15	7	2	0	5	9	14	1	2
iv. Diseases of the nervous system.....	6	.72	2	4	1	1	3	1	0	1	1
v. Diseases of the circulatory system, blood and ductless glands.....	8	.96	8	1	1	1	3	3	8	1	1
vi. Diseases of the genito-urinary organs.....	6	.72	4	2	1	1	2	3	6	1	1
vii. Constitutional diseases.....	4	.48	2	2	2	1	1	1	4	1	1
viii. Intoxicational, violence, accidents.....	17	2.04	13	4	2	2	8	5	15	1	1
ix. Miscellaneous diseases.....	14	1.32	7	4	4	1	5	2	11	1	1
1. Septicæmia.....	1	.12	1	1	1	1	1	1	1	1	1
Diphtheria.....	1	.12	1	1	1	1	1	1	1	1	1
Erysipelas.....	1	.12	1	1	1	1	1	1	1	1	1
Typhoid fever.....	3	.36	3	2	1	1	1	3	6	1	1
Malarial fever.....	1	.12	1	1	1	1	1	1	1	1	1
Scarlet fever.....	1	.12	1	1	1	1	1	1	1	1	1
Measles.....	1	.12	1	1	1	1	1	1	1	1	1
Pertussis.....	1	.12	1	1	1	1	1	1	1	1	1
Cerebro-spinal Meningitis.....	2	.24	1	1	1	1	1	2	4	1	1
Meningitis.....	4	.48	2	2	2	1	1	1	4	1	1
Tuberculosis.....	1	.12	1	1	1	1	1	1	1	1	1
Influenza.....	1	.12	1	1	1	1	1	1	1	1	1
Dysentery.....	2	.24	1	1	1	1	1	2	2	1	1
Syphilis.....	1	.12	1	1	1	1	1	1	1	1	1
Tetanus.....	1	.12	1	1	1	1	1	1	1	1	1
ii. Gastritis.....	1	.12	1	1	1	1	1	1	1	1	1
Gastro-enteritis.....	4	.48	3	1	3	1	1	4	4	1	1
Cholera infantum.....	3	.36	3	3	3	1	1	3	6	1	1
Peritonitis.....	2	.24	1	1	1	1	1	1	1	1	1
Enterocolitis.....	7	.84	5	2	3	1	1	2	7	1	1
Appendicitis.....	1	.12	1	1	1	1	1	1	1	1	1
Enteritis.....	2	.24	2	1	1	1	1	2	4	1	1
Intestinal obstruction.....	1	.12	1	1	1	1	1	1	1	1	1
Diseases of the liver.....	3	.36	1	2	1	1	1	2	3	1	1
iii. Asthma.....	1	.12	1	1	1	1	1	1	1	1	1
Bronchitis.....	1	.12	1	1	1	1	1	1	1	1	1
Pneumonitis.....	3	.36	3	1	1	1	1	2	3	1	1
Consumption.....	18	2.16	12	6	6	1	5	7	15	1	1
iv. Diseases of the brain.....	5	.60	2	3	1	1	2	1	5	1	1
Diseases of the spinal cord.....	1	.12	1	1	1	1	1	1	1	1	1
Eclampsia.....	1	.12	1	1	1	1	1	1	1	1	1
Epilepsy.....	1	.12	1	1	1	1	1	1	1	1	1
Neurasthenia.....	1	.12	1	1	1	1	1	1	1	1	1
v. Diseases of the heart.....	4	.48	4	1	1	1	2	1	4	1	1
Degeneration of the arteries.....	2	.24	2	1	1	1	1	1	2	1	1
Pericarditis.....	1	.12	1	1	1	1	1	1	1	1	1
Endocarditis.....	1	.12	1	1	1	1	1	1	1	1	1
vi. Uræmia.....	1	.12	1	1	1	1	1	1	1	1	1
Chronic Bright's disease.....	3	.36	3	1	1	1	1	2	3	1	1
Nephritis.....	2	.24	1	2	1	1	1	1	2	1	1
Diabetes.....	1	.12	1	1	1	1	1	1	1	1	1
vii. Rheumatism.....	1	.12	1	1	1	1	1	1	1	1	1
Gout.....	1	.12	1	1	1	1	1	1	1	1	1
Ionition.....	2	.24	2	1	1	1	1	1	2	1	1
Senility and Asthenia.....	2	.24	2	1	1	1	1	1	2	1	1
viii. Alcoholism.....	1	.12	1	1	1	1	1	1	1	1	1
Opium habit.....	2	.24	2	1	1	1	1	1	2	1	1
Suicides.....	5	.60	3	2	1	1	3	1	5	1	1
Violence and accidents.....	9	1.08	2	2	1	1	4	2	7	1	1
ix. Tumors—malignant.....	6	.72	2	4	1	1	1	2	6	1	1
Tumors—non-malignant.....	1	.12	1	1	1	1	1	1	1	1	1
Other diseases.....	5	.60	5	1	1	1	1	5	5	1	1

F. W. STEDDOM, M. D., Health Officer.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of June, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths		SUMMARY
	Max.	Min.	Mean			
1	78	56	67	0		MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 29.90. Highest pressure, 30.00, date 27. Lowest pressure, 29.75, date 13. Mean Temperature, 69°. Highest temperature 99°, date 13. Lowest temperature 48°, date 4. Greatest daily range of temperature 38°, date 13. Least daily range of temperature 12°, date 3. MEAN TEMPERATURE FOR THIS MONTH IN 1876..... 1883..... 71° 1890..... 68° 1877..... 1884..... 68° 1891..... 66° 1878..... 61° 1885..... 67° 1892..... 64° 1879..... 68° 1886..... 69° 1893..... 66° 1880..... 66° 1887..... 68° 1894..... 63° 1881..... 67° 1888..... 69° 1895..... 66° 1882..... 66° 1889..... 66° 1896..... 69° Mean temperature for this month for 18 years, 67° Average excess of daily mean temp. during month, 0.2° Accumulated excess of daily mean temp. since Jan. 1, 240° Average daily excess since January 1, 1° Prevailing direction of wind, West. Total movement of wind, 2477 miles. Maximum velocity of wind, direction, and date, 13m, SW. 11. Total Precipitation , .30 inches. Number of days on which .01 inch or more of precipitation fell, 0. Mean Dew Point, 56° Mean Relative Humidity, 73 per cent. TOTAL PRECIPITATION FOR THIS MONTH IN 1879..... .03 1885..... T 1891..... .00 1880..... .00 1886..... .11 1892..... .06 1881..... .00 1887..... .07 1893..... .03 1882..... T 1888..... .01 1894..... T 1883..... .03 1889..... .01 1895..... .10 1884..... 1.39 1890..... .02 1896..... T Average precip'n for this month for 18 years, .10. Total deficiency in precipitation during month, .10 inches. Accumulated deficiency in precip'n since Jan. 1, 4.49 inches. Number of clear days, 2. " partly cloudy days, 21. " cloudy days, 0. Dates of Frost, Light, none.
2	70	56	63	T		
3	69	57	63	0		
4	71	48	60	0		
5	72	52	62	0		
6	70	56	66	0		
7	70	58	67	0		
8	75	60	68	0		
9	75	55	65	0		
10	84	53	68	0		
11	95	62	78	0		
12	96	61	78	0		
13	99	61	80	0		
14	84	61	72	0		
15	86	60	73	T		
16	85	58	72	0		
17	87	58	72	0		
18	84	61	72	0		
19	80	55	68	0		
20	86	58	72	0		
21	82	62	72	0		
22	83	62	72	0		
23	78	60	69	0		
24	76	60	68	T		
25	76	60	68	0		
26	74	58	66	0		
27	77	59	68	0		
28	76	54	65	0		
29	77	57	67	0		
30	76	53	67	0		
31	..	..	..	..
Mean	80	58	69	..		

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JUNE, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles.....	69.	99.	48.	29.90	73.	0	T	9	21	0	W	2,477
San Diego.....	65.	89.	54	29.92	80.	1	.01	10	3	11	W	3,828
Santa Barbara.....	64.3	80.	47.	..	72.	0	.0	23	5	5	E	3,192
Yuma.....	89.	117	63.	29.96	34.	3	.0	30	8	0	S W	4,790
Arlington Heights.....	..	..	..	..	..	..	..	..	..	..	..	..
Ontario.....	..	..	..	..	..	..	..	..	..	..	..	..
Pasadena.....	..	..	..	..	..	..	..	..	..	..	..	..
Redlands.....	..	..	..	..	..	..	..	..	..	..	..	..
San Bernardino.....	..	..	..	..	..	..	..	..	..	..	..	..
Santa Ana.....	..	..	..	..	..	..	..	..	..	..	..	..

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

WYETH'S EFFERVESCENT LITHIA TABLETS.

An instantly prepared Solution of Lithia—by using the Soluble Effervescent Tablet is greatly to be preferred to the various Natural Lithia Waters. Bottled mineral waters, as a class cease to be potable, or even accurately medicinal, after a time, losing not only the peculiar freshness but also, in considerable part, the chemical, saline, or earthy constituents—hence, the composition of spring waters, unavoidably, varies much, whilst with the tablet of fixed and definite proportion of Lithia there is a positive accuracy of dose, constantly maintained. Physicians esteem this to be an obvious and important advantage in determining a course of treatment and its results. These EFFERVESCENT TABLETS OF CITRATE OF LITHIA yielding immediately in a glass of water, a grateful, pleasant drink, are made by Messrs. John Wyeth & Brother, Chemists, Philadelphia, in such superior quality of excellence as to have secured the conspicuous favor of physicians, and a marked preference over all other like products.

HYDROZONE IN PURULENT OTITIS MEDIA.

A REPORT OF A CASE SUPPOSED TO INVOLVE INFLAMMATION OF THE MASTOID.

Published by the *Medical Bulletin*, of Philadelphia, Pa., February, 1896. By Wm. Clarence Boteler, M.D., of Kansas City, Mo. On November 4, 1895, I was consulted at my office by Robert P—, aged 24 years; occupation, laborer in the Armour packing Company. The patient complained that for about four weeks he had been suffering from intense pain in his left ear, making it impossible for him to sleep at night, or rest during the day. The pain was so severe that at times he apparently lost consciousness and it seemed to extend through his entire brain. Upon inspection, the man's face was found terribly deformed; an edematous swelling the size of one-half of an ordinary loaf of baker's bread occupied the usual location of the ear and surrounding muscles. The auricle of the ear was almost buried in edematous tissue; upon palpation, the part was found intensely tender, and deep pressure evoked expressions of excruciating pain. The integument and sub-cutaneous tissue were thoroughly infiltrated. Ichorous, fetid pus was slowly exuded from an almost imperceptible meatus. The patient expressed feelings of chilliness, showing a possible septic contamination of his system. Every indication and sign pointed to possible suppuration of the mastoid cells—tenderness upon pressure over the mastoid being very marked. Efforts to localize the tenderness, whether in external meatus or mastoid, for discriminating diagnosis, were unsatisfactory. I concluded to withhold a positive diagnosis as to whether the condition was purulent otitis media or suppurative inflammation of the mastoid, and used tentative treatment for a short while. I immediately placed the patient under heroic doses of elixir of the six iodides internally. After laborious efforts I succeeded in separating the edematous tissue sufficient to admit the introduction of a small Eustachian catheter into the external meatus. Through this, with a small hard rubber syringe, I injected four times daily about one-half an ounce of hydrozone, allowing it later to drain away, advising hot fomentations. The patient was confined to his bed and the best possible hygienic surroundings provided. In twenty-four hours after the treatment was commenced, the intensity of the odor, amount and character of the discharge had manifestly lessened, the swelling was reducing and the patient feeling better. The edema being lessened, the aperture was enlarged. I now recommended the injection of hydrozone through the catheter of larger calibre, every hour, requir-

ing the head to be kept turned to the opposite side for ten minutes to allow the percolation of the hydrozone as deeply as possible into the middle ear, before reversing the position to allow drainage. We continued this treatment for a week, the man's recovery progressing with remarkable rapidity, his pain and the constitutional symptoms having disappeared about the third day. At the end of eight days the swelling had entirely disappeared, his features were again normal, and he expressed himself as perfectly well. An examination showed a circular perforation in the ear drum the size of a shot, proving that the case had been one of purulent otitis media, with septic contamination of the patient's system, and infiltration of the surrounding cutaneous tissues. Small incisions were made at two different places to permit the exit of pus from the integument. The mastoid was found not involved. The rapidity with which the disease yielded after the introduction of hydrozone through the catheter into the middle ear impressed me with the wonderful value of the preparation; for, struggling with such cases during a practice of seventeen years, I have never seen its efficiency equalled by any medicinal or operative procedures.

WHAT two eminent physicians of world-wide reputation have said regarding the standard preparation, FELLOWS COMPOUND SYRUP OF HYPOPHOSPHITES: Dr. Milner Fothergill wrote: "The combination (Fellows' Hypophosphites) is an excellent one—the best yet made to my knowledge. It is a happy thought. It is a good all-round tonic, specially indicated when there is nervous exhaustion. It is readily digestible, and has given much satisfaction in my experience of it." Lennox Browne, F. R. C. S., senior surgeon to the London Throat and Ear Hospital, wrote: "Having thus a considerable experience of the preparation, I have much pleasure in advocating its use by my professional brethren, and with a confident expectation that their experience will be equally gratifying with my own. Mr. Fellows urgently requests every physician in prescribing his Compound Syrup of Hypophosphites to see that his patient receives the original article to guard against substitution.

SUMMER DISTURBANCES OF CHILDREN.

In fermentative disorders of the alimentary canal in the young, middle aged or old, listerine has given most satisfactory results. In the summer diarrhea of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

R	Bismuth Sub. Nit	.....	Half a drachm.
	Tr. Opii	.....	Twenty drops.
	Syr. Ipecac	} aa.	Two drachms.
	Syr. Rhei Arom.		
	Listerine	.....	Half an ounce.
	Mist. Creta	.....	One ounce.

M. Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours.

This for children about ten or twelve months old.

DEERING J. ROBERTS, M.D., in *Southern Practitioner*.

SOUTHERN CALIFORNIA PRACTITIONER

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ORIGINAL.

A STUDY OF ANESTHESIA.*

BY F. D. BULLARD, A.M., M.D., LOS ANGELES, CAL.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, COLLEGE OF MEDICINE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA.

It seems to be a fact that the art of giving an anesthetic is not properly taught in most colleges, and explicit directions as to what to do and how to do it can be found in but few works on the subject. The anesthetic is frequently entrusted to a junior assistant who often has a greater interest in the operation than in the maintenance of anesthesia. One who only occasionally gives ether or chloroform cannot do so to the best advantage and safety. Constant practice and intelligent observation are necessary in acquiring the art of using anesthetics properly, as a great deal depends upon the skill and experience of the administrator. Then, too, the familiarity gives rise to a confidence which cannot easily be displaced; and yet, when one is aware that in anesthesia everything is in abeyance but the functions of respiration and circulation, and that it is but a step from anesthesia to euthanasia, familiarity with the mode of production of insensibility cannot foster contempt for the powerful agents, but on the other hand will arouse the liveliest sense that the utmost care and diligence be taken lest the fatal and invisible line be crossed. In presenting his personal experience on the clinical aspects of anesthesia, the author is aware that the observations of one man form but a meagre amount in comparison with the great accumulation of data before him. The facts which these observations disclose are not original with the author, but some of them, which seem very patent to him, are to a great extent ignored by writers; and hence the resultant advantages are unknown and unenjoyed by many surgeons. It is the object of this paper not to approach the

* Read at the Seventeenth Annual Meeting of the Southern California Medical Society, held at Pomona, Cal., June 10 and 11, 1896.

subject of anesthesia from an argumentative standpoint, but to state the results of three years' experience, especially in the administration of ether by the closed warm vapor method. In order to appreciate the advantages of ether thus administered, it will be necessary to discuss somewhat anesthetization by chloroform and by ether as it is usually given. The author will dwell particularly on the details of anesthetization.

The author wishes here to make a plea for more careful investigation and reporting of fatal and dangerous anesthetizations. To his personal knowledge there have occurred in this city during the last eighteen months two deaths during chloroform narcosis, which have never been reported in the journals. Believing that only by faithful and full reports the exact truth can be known, the author has during the past year included in his notes the following data:

Kind of anesthetic employed, mode of administration, length of time occupied in the induction of surgical anesthesia, the length and character of the operation, the sex and age of the patient, the amount of anesthetic used, the presence of unusual and alarming symptoms, their mode of onset, duration, treatment and recovery, all relevant peculiarities of the individual, or of the anesthetization, immediate and remote after effects, and all deaths following an operation with special reference to their possible connection with the anesthetic. If these data were generally noted by anesthetists and the results published, important and disputed questions could be answered. From actual experience in administering ether by the closed warm method and a study of notes taken as above indicated, the author believes that anesthesia can be produced in this manner as quickly as by chloroform, and more safely than by ether given by the ordinary cone.

In looking over the literature of anesthesia the author found that no facts were more frequently repeated than the greater agreeableness of chloroform and the larger safety of ether. The general tone of such remarks can be judged from the following quotations from recent authorities:

Bouffleur, Supplement to Ashurst's International Encyclopedia of Surgery, 1895, in an article on anesthetics, says: "The agreeable odor, concentration, rapidity of action, rarity of bad after effects, and ease of administration of chloroform, are so much in contrast with the usual effects of ether, that practically all experimentation and observation have been conducted with the hope that, with a full knowledge of the effects, means of fortification or restoration would be developed which would enable the surgeon to employ this potent substance with comparative safety." Gould, in the American Year Book of Medicine and Surgery, 1895, quotes the statistics of Gurlt, of Berlin, covering four years in which he reports 166,812 administrations of chloroform with 63 deaths (1 in 2,687), and 26,320 inhalations of ether with 2 deaths (1 in 13,163), a ratio of nearly 5 to 1 in favor of ether. Gurlt accordingly urges all surgeons to use ether "as infinitely safer than chloroform." In commenting on these figures, Milkulicz in justification of his use of chloroform states that he had seen asphyxia, acute bronchitis, edema and pneumonia in 80 cases carefully selected for ether. Gould in reply says: "These figures undoubtedly represent real dangers, but, in the experience of American surgeons, these dangers are far from being common, and much can be done to obviate them by selection of cases, skilled administration and early recognition and prompt treatment of any complication, and these dangers do not offer a set off to the enormously increased danger of chloroform over ether." The American Text Book of Surgery, 1895, in the chapter on Anesthesia, says: "As a rule ether, as the safest of the more powerful anesthetics, is to be preferred; the lessened risk to life more than counterbalances its minor disadvantages."

These recent quotations agree with the opinion expressed by most writers on this

subject, for instance, H. C. Wood, or Moullin. The former in his *Therapeutics*, page 148, says: "The advantages of chloroform over ether are that it is less disagreeable to the patient, produces less excitement, more speedily reduces the subject to insensibility, and is less apt to cause excessive after nausea and vomiting. These advantages do not at all counterbalance the greater dangers to life, and I believe that a surgeon is not justified in using chloroform unless under certain circumstances and for certain reasons." The latter, in his *Operative Surgery*, page 1153, remarks: "As a general anesthetic ether is much safer than chloroform and unless contra-indicated, should always be used in preference. Unfortunately it is more unpleasant, leaving a severe headache, and the smell hangs about for days. Struggling and excitement are particularly severe in the case of ether."

In 1,016,742 inhalations of chloroform compiled from various authorities, there were reported 245 deaths—a ratio of 1 death to 4,149 cases; and in 413,993 etherizations, 27 deaths were recorded—a ratio of 1 death for 14,221 cases. According to this ether is about three and one-half times safer than chloroform. It is not the experience of one man, but of many that makes the record. It is possible to go years without having a death in thousands of inhalations, and then lose several cases in close proximity, especially under chloroform, which is called a "capricious" drug. Very few people give an anesthetic 4,149 times; that means once a day every week-day, and twice on Sundays for over ten years. So an anesthetizer, if he uses chloroform, ought not to have a death oftener than once in ten years, or if he employs ether more than once in a lifetime.

Practically, then, chloroform is by far the handiest anesthetic. It is more agreeable to the patient, causes less excitement in its administration, produces anesthesia more speedily and profoundly, is less apt to be followed by nausea and vomiting, not so likely to be followed by respiratory troubles, does not fill the room with disagreeable odors, and were it considered as safe, it would displace ether at once and entirely, but the surgical world is almost unanimous in the verdict that it is not so safe an anesthetic. So everything that can lessen the danger of chloroform should be investigated, and the other alternative, every means to lighten the temporary difficulties of ether, ought not to be neglected. So the author believes himself justified in presenting the claims of a method which greatly ameliorates the disadvantages of ether, especially since, as yet, but little has been written about its technique.

To Ormsby and to Clover, who in 1876 invented an apparatus by which ether was introduced into the lungs in a warm condition and was breathed over and over again, belongs the credit of introducing a method, which, in the rapidity of the production of anesthesia, equals that of chloroform, and that, too, safely and pleasantly to the patient. Of this method Dr. Hartly, of Leeds, who has notes of 3,000 cases thus anesthetized by himself, says: "The larger one's experience of its use, the greater one's confidence in its value, a position which cannot be taken by a chloroformist, who can never quite eliminate the possibility of an accident with his anesthetic even under the most favorable circumstances for its use." Numerous inhalers based upon the above principles have been made; six of them (Hutchinson's, Squibbs, Rohe's, Parkinson's, Kubin's and the author's) are of American origin; the simplest and best of these is Parkinson's or Kubin's amplification or the author's simplification of the latter apparatus. The author wishes to acknowledge his indebtedness to Dr. Parkinson here for his fundamental ideas, and his gratitude to him, for it was by the use of his inhaler that the author acquired the art of etherization, so that what was formerly a dreaded and disagreeable duty, has become a pleasant professional pleasure.

The requisites for a good ether inhaler are safety, cleanliness, simplicity, cheap-

ness and economy in the use of the anesthetic. Parkinson's inhaler and to a greater degree the author's modification of it, answer all these conditions. Parkinson's apparatus consists of an inflatable rubber mouth piece, a metallic mask with an adjustable slide to regulate the amount of air, a wire cage for the sponge and a rubber bag to retain the exhaled ether. The inhaler is heated by pouring hot water over the mask just before commencing anesthetization. The proper warmth is usually kept up by the natural temperature of the breath.

The author's inhaler holds very close to these lines, only everything that can be, while still retaining the closed warm vapor method, is discarded.

The inflatable rubber mouth piece of Parkinson, which is an excellent thing, but easily gotten out of order, becomes in the author's inhaler a simple, indestructible rubber band which retains its position on the mask by virtue of its elasticity. It is merely a piece of inner bicycle tire about ten inches long cemented in the form of a small ring. The metallic mask loses its adjustable slide and air cap, the requisite air being admitted by simply tilting or even removing the mask, if symptoms require it. The wire cage is simplified to three wires, two at right angles and one across the bottom to prevent the sponge falling out on the face, a disagreeable and not altogether a harmless accident. At the neck of each there is a circlet which forms a double trough which prevents an overflow of liquid ether to the face on one hand, and a soiling of the sponge by mucus and saliva on the other. The metallic parts and sponge can be boiled, and the rubber ring, and ice bag, which serves as the receiver and retainer of the expired ether, can be easily and thoroughly cleaned. The lightness, 6¼ ounces, smallness and absence of all valves and slides makes the author's apparatus more manageable than even the much lauded ordinary paper cone. One hand is always at liberty to investigate the pulse and test the corneal reflexes. Indeed, it is possible after the induction of anesthesia to hold the inhaler in position with one hand and keep the finger of the same hand on the temporal artery. The apparatus occupies less room on the face than Esmarch's chloroform inhaler, and hence allows of operations that would be impossible with an ordinary cone or a cumbersome inhaler.

It is a mooted question as to how anesthesia is produced. Some say it is by partial oxidation, others that it is due to the changes in the blood or cerebral anemia, while still others more justly claim that anesthesia is brought about by the direct specific action of the drug on the nerve centers. A mixture of carbonic acid gas three parts, and atmospheric air one part has actually been employed as an anesthetic, the insensibility being speedily removed by filling the lungs with pure air. While many of the phenomena of asphyxia are common to anesthesia, an analysis of the blood of persons under the influence of ether or chloroform proves that these drugs obtain their power through some other means than asphyxia, probably the production of molecular paralysis. Phosphorus will lose its luminosity, the sensitive plant, its motion and the germination of seeds will cease in an atmosphere of ether or chloroform; all these activities will be resumed in normal air. Experiments on frogs prove that the action of anesthetic substances is local and only manifested on those tissues which are directly in contact with the paralyzing agent. Hence, we presume that the blood carries the poison to the nerve centers, and there, just as the ether abolishes the function of the plant cell, it now abolishes the function of the nerve cell, producing the phenomena of anesthesia.

The nerve centers are affected in the following order: The higher centers in the brain, the sensory and later the motor centers of the spinal cord, the sensory

centers of the medulla, and lastly the motor centers of the medulla. The author recognizes the following stages of ether narcosis.

I. Initiatory stage, two minutes long usually. The intrinsic motor apparatus of the heart excited, both pulse and respiration quickened. Sensory centers exalted, pupils dilated, corneal reflex present. Patient still in control of his actions, all resistance, if made, is purposive.

II. State of Primary Anesthesia, about one minute long. The higher centers, sensory and motor centers of the cord are overcome, the pupils dilated, the corneal reflex present, the patient neither hears nor obeys.

III. State of Excitement of a longer or shorter duration and of greater or less violence. Pupils are dilated, corneal reflex present, pulse accelerated, breathing labored, and there is every manifestation of excessive cerebral disturbance as discharged in motor activity and hallucinations. The control centers are in abeyance, there remains no memory of the struggle, indeed, the patient is but dimly conscious of it, and can often be induced to keep quiet by a loud command. This stage is nearly always preventable.

IV. State of Complete Anesthesia, operative condition. The pupil is contracted, corneal reflex barely lost, pulse full, soft, regular and normal in frequency, breathing quiet and full, all the centers narcotized except the motor centers of the medulla.

V. The State of Collapse and Respiratory Paralysis. This is due to the poisoning of the vital respiratory center. Pupils dilated—immovable. This state is needless under ether.

VI. These are followed by a reversal of the symptoms, the stage of returning consciousness when the patient can be aroused, but drops off in a quiet sleep, until he is finally permanently awake. There remains a condition of an indefinite length dependent largely on the amount inhaled, a post-etheral state of varying degree of mental and physical departure from the normal.

That the above scheme is true the author is persuaded both from observation, from questioning patients who made any resistance at all, and from his personal history while under the influence of ether. I took ether for the extraction of wisdom teeth, administered by the closed warm method. I had a strong desire to be conscious of, and to mentally record my feelings while going under the influence. I presume this effort at introspection greatly interfered with the induction of anesthesia. The first whiffs were a little pungent, but not very disagreeable. I requested a little more air and then took a few long respirations. There was a ringing in my ears, a sense of diffused light, a feeling of floating away, a narrowing of the outside world and complete unconsciousness set in. A little later there was a dim idea that I was not asleep when I should be, and I had a feeling that perhaps all was not right, and asked my colleague if anything was the matter. On being told there was no cause for alarm, I took a few long breaths and again lapsed into insensibility. I also remember I felt irritated at the anesthetizer for allowing me to come out from the influence. I vigorously protested that I was not afraid of ether and shouted for more, and kicked and struggled violently—all these words and actions were entirely beyond my consciousness or memory. My recovery was slow, I frequently repeated that absorbing question, "Is the tooth out?" and as often forgetting the answer, to be again reassured. It was nearly two hours before I could go home, I was a little dizzy then, but was able to eat a good supper and attend to business. The mistake made in my case was in not pushing the anesthetic vigorously at primary anesthesia. Nearly all of the cases of teeth extraction, when the anesthetic was thus pushed resulted in complete recovery in less than half an hour, and usually

the patient was able to go about in fifteen minutes. The author gives his personal history to show how little the struggling patient knows of his actions, providing that struggling occurs after primary anesthesia.

Anesthetics should always, if possible, be administered when the stomach is empty, for then vomiting is less liable to occur, and less dangerous if it does happen. The author recalls three instances of disobedience to this rule, which resulted in profuse vomiting, twice necessitating the inversion of the patient, and once there was ankylosis of the jaw at the same time.

In very nervous adults and in alcoholics, it is well to precede the operation about twenty minutes by one-quarter of a grain of morphine and one-fiftieth of a grain of atropine. In all cases when morphine is given atropine should be added, for it both counteracts some of the bad effects of the former drug, and has a good action itself as it is a heart stimulant, and decreases the bronchial and buccal secretions, a very desirable thing especially in ether narcosis. Atropine is a better preventive of cardiac or respiratory failure than it is a cure for the same. If the operation is to be a long one, strychnine in considerable doses (one-thirtieth of a grain) can be advantageously administered *just before* commencing. The combination of all three the author believes is an excellent preventive of shock; he has used it with pronounced success in many unusually difficult cases, mostly laparotomies. Of course all this medication should be by the hypodermic needle.

If the operation is elective, the bowels should have been freely moved, and the urine examined in all cases. The room should be light and airy, free from furniture and kept at an even temperature of 80° to 85° F. Every possible sort of excitement must be avoided, and the patient kept as calm as possible. Often it is best to anesthetize in bed or in a room off the operating room; if, however, the patient is put on the table first, instruments should be kept out of sight. Gentle but firm treatment is needed, usually the anesthetizer can obtain the confidence of the patient by a few timely words. No time should be wasted, he should make an immediate but not brusque commencement, for the manner of onset largely governs the behavior while going under.

The patient should *always* be in the recumbent position, anesthetization should never be attempted in any other posture. Having ascertained that the clothing is loose, that there are no false teeth or other foreign bodies in the mouth, and having examined the heart, direct the patient to clasp his hands across his chest. Tell him to keep them tightly clasped. If he loses consciousness with his hands thus held he is not apt to use them in resisting. Indeed the great proportion of the author's cases do not unclasp their hands until they come out from the influence after the operation. If the hands are separated while the patient is coming to, he will often clasp them again thinking he is being put to sleep. The relaxation of the muscles can be easily tested by noting the resistance offered by one finger. Ask the patient to breathe quietly at first. This also tends to calm the patient. Tell him that in a short time you will ask him to breathe deeper and also that in a minute or so you may ask him to take full long breaths. The latter command is made in about two minutes, and is nearly always the last thing realized by the patient. These directions help to take the attention of the patient off from self and, if followed, assist greatly in the onset of insensibility. Tell him that the first few breaths may be pungent, assure him there is no danger and that you will not allow him to suffocate. Having given full directions, the room being perfectly still, since hearing is the last sense abolished, pour *boiling* water over the apparatus, and about half an ounce of ether on to the sponge, which has been previously wrung out of warm water. The inhaler is

then brought to the face, the lower edge of the mouth piece resting on the chin, and the mask tilted so as to leave an open angle of about sixty degrees. A soft towel is placed about the face, to be utilized later in shutting off the air, or in removing the secretions. In about twelve inhalations, the inhaler being gradually approximated, the mask is closely applied to the face. If there are any symptoms of distress, re-warm the inhaler and take a little more time before shutting out the air. As a rule there has been neither resistance, coughing nor manifestations of discomfort at all. Consciousness is usually lost in two minutes. The pupils are slightly dilated but responsive to light, and the cornea sensitive, but the patient does not answer. Primary anesthesia is present, teeth can be extracted and other minor operations performed in this stage. A renewal of the ether is usually required in the first three or four minutes, and the inhaler then closely applied and reinforced by a towel. The breathing becomes more labored, slight muscular rigidity may be present, the patient will convulsively clasp his hands more tightly, then the fingers will relax, the breathing and pulse, which have been quickened, become slower, the face flushes, the pupils are small and immovable and the cornea insensitive. Anesthesia is completed, and with care, can be maintained at the desired depth.

At the close of primary anesthesia, there is in some instances a stage of excitement in which there is incoherent talking, coughing, crying, struggling, and perhaps a tendency to fixation of the muscles, especially those of respiration. Such cases it takes from eighteen to twenty-two minutes to reduce to calm anesthesia. These refractory individuals were all men, and two-thirds of them rectal cases. The reason for primary anesthesia is that the higher centers are very quickly overwhelmed by a large dosage of ether. The ether being dissolved in the blood of the pulmonary veins goes to the left side of the heart and thence to the general circulation and also to the coronary arteries of the heart. The vasomotor ganglia of the arteries of the heart are the first elements to be overcome, hence the arterioles dilate, more blood goes to the heart and its function is correspondingly increased, thus the heart drives the ether-laden blood in great quantities rapidly all over the body, and the nervous centers are thus all the quicker narcotized. At this stage two courses are open; if the ether be now vigorously pushed and all air excluded by means of the reinforcing towel, during the interval of unconsciousness of primary anesthesia, the nervous system will become so paralyzed as to be subdued in all but the vital functions of circulation, respiration and calorification; if on the other hand the ether be timidly given the brain will in a measure get used to the intoxicant, or if air be mixed with the ether at this time, a partial recovery occurs, the engorged cerebral centers become violently active, and the well known struggling of ether occurs. This phenomena is seen in only two per cent. of the author's cases. As the patient is liable to carry out during this stage what was on his mind before losing consciousness in primary anesthesia it follows that if struggling can be avoided in the first instance it is very likely to be left out in the second. Just here is a great advantage of warm ether again, its lack of disagreeable pungency does away with early volitional resistance, hence automatic disturbances are less likely later. It is a well known fact that patients on coming out from the influence of an anesthetic frequently repeat their latest words or actions before losing consciousness. The author has seen a patient who repeated the Twenty-fourth Psalm on going under, and on reviving she did the same. Not a few patients if their hands are unclasped at this stage, will carry out the author's injunctions and tightly put them together again.

By this method unusual care must be taken lest the patient come out from

under the anesthetic. Unless caution is taken this will take place with surprising quickness. More attention is needed to keep the patient evenly and quietly under the influence, than to look out for unusual complications. Indeed, after the easy induction of anesthesia, the second and perhaps greater glory of this method is the *regular calmness of its continuation*. The surgeon should never be bothered by the anesthetizer allowing a partial awakening of the patient. The author has never had a case once fairly under that has resisted at all. To prevent this awakening and at the same time to avoid too dangerous insensibility the anesthetizer must ever be on the alert. He must be keenly alive in all his senses, and above all he must be cool and quick in judgment. His eyes see the color and general appearance of the patient, they note the condition of the pupils, they notice the depth, shallowness, rapidity and character of the breathing; his ear also confirms the observation of the eye, and differentiates snoring from stertor, and also warns of the presence of too much bronchial secretions; the fingers take cognizance of the rapidity and character of the pulse, and test the corneal reflexes, they also tell of the muscular relaxation, or rigidity of the patient; and finally his nose decides as to the freshness of the anesthetic and the necessity of renewing it. The anesthetizer must know what any and all symptoms may mean; he must know what to do and how to do it, he must not be carried away by fears to meddlesome interference, nor lulled to inactivity in the presence of grave dangers. Eternal vigilance should be the watchword of the anesthetizer. In his hands rests a life, carelessness or negligence may lose it forever. If the surgeon is the captain, he is the pilot, it is the anesthetizer who must tell when to work fast, when deliberation may be allowed; it is the anesthetizer whose duty it is to say "go no farther," and it is no little comfort to the surgeon to know that as a skilful pilot he will steer the bark between the Scylla of danger and Charybdis of timidity.

It might be supposed that the insensibility produced by such a method as the writer describes is due to asphyxia rather than to anesthesia. Experience proves that such is not the case; the author has found fewer cases of blueness and less profound asphyxia under anesthetization by the closed method than by the ordinary cone. Of course, the inhaler must be properly handled, for it is easy by uncalled for and unnecessary crowding to produce an unpleasant and dangerous degree of asphyxia. The writer believes that the surgeons who have witnessed the method will agree with him that there is little of carbonic dioxide poisoning in the proper use of his inhaler. Air is not entirely cut off except at intervals and for a short time, when it is desired to push the anesthetic to avoid vomiting or awakening, and especially during the unconsciousness of primary anesthesia; at such times the inhaler is reinforced by a towel, there being a fresh supply of ether, and kept tightly over the face for from thirty to ninety seconds at a time, enough merely to accomplish a desired depth of anesthesia.

The receiving bag has a capacity of about 130 cubic inches, hence at deep inspiration and expiration air rushes in and out about the mouth piece. The author has placed his inhaler tightly over the face and breathed into it for five minutes, the average length of time required for the completion of anesthesia, without inconvenience. A dozen respirations would render the air in the receiver irrespirable if no new supply were obtained, hence both theory and fact agree that fresh air is admitted, and the amount is easily regulated, the anesthetizer will soon learn by experience when and how completely to exclude the air. Carbon dioxide has a speedy antidote in fresh air. Indeed, it has been used in the ratio of three parts to one part of air as an anesthetic. Lyman claims that some of the English inhalers virtually serve to produce partial asphyxia, as well

as artificial anesthesia. Of them he says: "Such economy of anesthetics cannot be too strongly condemned." The author, however, is firmly convinced that in the proper use of his modified Parkinson inhaler there is economy without asphyxia. One inhalation of ethereal vapor does not exhaust its virtue any more than a breathing of air destroys its life supporting power, neither the one nor the other can be indefinitely respired, but the fresh supply should be given entirely as symptoms indicate. As soon as the virtue of the ether is gone, a small fresh supply (two drachms every five to ten minutes) is added. By the cone an ounce every five minutes is usually required.

Dr. Shrady (*N. Y. Med. Record*, February, 1896,) in a much needed article on "Some of the abuses of etherization," enters a most emphatic protest against the rude, dangerous and cruel custom of crowding the anesthetic on the struggling and gasping patient. He defines the rapid method thus: "When everything is ready for etherization to begin, the sponge is saturated with ether and the cone or inhaler is crowded over the patient's mouth and nose, and forcibly held there until the struggling ceases and the patient is quiet." Dr. Shrady evidently speaks of the crowding of ether on the *conscious patient*. This should never be done. By the cold method, if ether anesthesia is to be quickly attained, it must be largely a choking process; but the energetic pushing of ether during primary unconsciousness *saves* struggling. Against this choking process Shrady charges many of the distressing symptoms of shock. The author fully agrees with him that nothing can be more horrible than the choking of a patient without the chance to appeal for a single breath of fresh air. The scrambling tussle of a half dozen assistants to hold the poor victim down, while the chief inquisitor chokes him into insensibility forms a picture which all of us can doubtless remember. The hot closed method properly conducted is not a choking process, but just the reverse; the irritating nature of ether almost entirely disappears if it is heated to the temperature of the body, deep inhalation is allowed at once, and the fortunate patient loses consciousness. Last year out of 160 etherizations only 4, two and a half per cent., showed any excitement, struggling or coughing going under. Ether on being heated loses none of its anesthetic properties, but gains greatly in its diffusibility and respirability. The ease with which warm ether can be breathed can be readily demonstrated by any one who will take the pains to try it. Cold ether is slow, irritating, rough, dangerous and needlessly cruel; warm ether is quick, bland, safe and kind in its action. It changes the induction of anesthesia from a battle to a quiet falling asleep. The author has etherized now over four hundred and fifty patients by this method and yet he can count on his fingers the number who made serious resistance.

For the quiet and continuous maintenance of operative anesthesia there are several guides. They are the condition of the pupil and cornea, the presence of muscular relaxation, the color, and the character of the breathing and of the pulse. All these details must be observed all the time. During anesthesia it has been the author's custom to keep well informed as to the condition of the eye, and in so doing he has noticed the following facts:

1. There exists in anesthesia an almost constant relation between the state of the pupil and cornea and depth of anesthesia.
2. At first, during excitement, the pupil is dilated and the cornea sensitive.
3. In five or six minutes this period is passed, the pupil is moderately contracted, immobile, the cornea but slightly sensitive and later entirely insensitive to touch.
4. The dilatation of the pupil during an operation means one of two things; first, return to the first stage, when they will contract to light, and the cornea is

sensitive; second, profound and dangerous anesthesia, when they are immobile, and the cornea insensitive.

5. The state of the pupil may serve as a guide in the administration of ether, and during long continued operations in order to keep the patient insensible, motionless, and in a safe condition, the anesthesia should be so managed that the pupils continue constantly contracted with, as a rule, an insensitive cornea.

The meaning of the above phenomena can be understood by referring to the physiology of the parts. The pupil is under the dominion of two antagonistic mechanisms, a constricting and a dilating center. The pupil constricting mechanism is reflex, and consists of the afferent sensory nerve (optic) a nucleus in the floor of the aqueduct of Sylvius (the pupil constricting center) and an efferent or motor complement (third nerve). The dilating mechanism is tonic, the centers are situated in the cervical sympathetic, but the efferent excitors of the dilator centers are numerous, both emotions, and sensory impressions, reflex from the naso-pharyngeal surfaces, so act. Hence the early dilatation is an irritative mydriasis. A little further along the anesthetic contracts the pupil by causing increased activity of the constrictor center, irritative myosis. Still later they cause the pupil to dilate by paralyzing the constrictor center, paralytic mydriasis, the dilatation being furthered by the unopposed action of the sympathetic, which is innervated from the medulla. The corneal reflex is composed of the following circle, afferent sensory, a branch of the fifth; the center, a nucleus of the seventh situated just behind the motor oculi nucleus in the aqueduct and the efferent motor, that branch of the seventh which supplies the orbicularis palpebrarum. As has been stated the order of invasion is brain, spinal sensory, spinal motor, bulbar sensory and bulbar motor center. Now a safe degree of anesthesia is established, when the drug is so manipulated as to maintain an irritation of the motor centers of the aqueduct and a stupefaction of the sensory centers of the medulla, as is evidenced by a contracted pupil and an insensitive cornea. It is evident that the insensitive condition of the cornea must barely be reached, lest the motor centers of the bulb be also involved. The corneal reflex guide is very uncertain in the case of children and must not be trusted implicitly in the case of adults. This reflex is easily lost if the eyes are dry, or if one eye is appealed to too frequently, hence the necessity of rubbing the lids over the cornea several times, or trying the other eye. On the other hand the corneal reflex may persist until the danger line is almost passed. Hence the necessity of watching all the symptoms, and judging from the combined evidence. Probably in nine-tenths of the cases, the condition of the corneal reflex will regulate the administration of ether.

Respiration and circulation both require watching under either chloroform or ether. Ordinarily the respiration forms a better guide to the state of anesthesia, but often the pulse tells a more legible story as to the condition of the patient, especially if shock or hemorrhage is present. Hence both these functions must be carefully observed.

The respiratory difficulties arise in four ways, a transitory omission to breathe "respiratory forgetfulness," respiratory spasm, mechanical interference, and paralysis of the center of respiration. The first is trivial, the next two may be dangerous, and the last is a most alarming symptom.

1. Respiratory forgetfulness is a condition in which a patient who has been doing well, temporarily forgets to breathe. This usually occurs during the stage of full anesthesia. There are connected with it no other bad symptoms, the pupils are contracted, the pulse is good, and the patient readily resumes breath-

ing by setting up reflex irritation by pressure on the chest, by pushing forward the jaw or by dashing ether over the epigastrium. This condition ought not to excite alarm, and should not interfere with the operation. Several years ago the author saw this symptom manifested when the patient had so far recovered as to be able to answer questions; it yielded promptly to gentle artificial respiration.

2. Respiratory spasm, reflex from irritation of the trigeminal or vagus nerve, with fixation of the lower jaw and contraction of the orbicularis oris at first, and tetanic condition of the respiratory muscles later is a rare complication, and occurs before complete anesthetization, or when the patient is partially out from under the influence. The patient blows hard, the mouth is puckered, the lips blue, there is an increase of saliva, the respiration is more or less labored and finally the chest walls become fixed. When the symptoms are first seen, remove the inhaler and again heat it with boiling water, adding fresh ether and again warm the apparatus before attempting to continue the anesthetization. Also force the jaw forward, open the mouth with a gag, if necessary, and clean out any secretions that are present. Usually this process will relax the spasm. But if it does not, remove the inhaler entirely, make rhythmical traction on the tongue, perform forceful artificial respiration, and in a few minutes the patient will resume natural breathing. Do not invert patient in this condition, unless vomiting is also present, and then such action is promptly demanded lest ejecta fall into the trachea. Of course, if fixation of the jaw is present, mouth gag, tongue forceps and swabs will be required. Thoroughly clean out the upper air passages before continuing. This complication is not especially dangerous unless vomiting is present at the same time.

3. Mechanical interference with respiration, except in rare cases, can be readily removed, but immediate action is called for. If there is excessive mucus and profuse sweating give one-fiftieth grain of atropia hypodermically. Keep the face turned to one side, and the mouth clear of saliva. This, with repeated warming of the inhaler, usually prevents such an accumulation as to materially interfere with respiration. Only once has the author seen a case that still kept blue in spite of these precautions. If this complication does occur and persists, chloroform should be substituted for ether. The warm closed vapor method makes this change rarely needed. In this slow and unusual complication no interference with the operation is demanded. On the other hand vomited matter or a mucus plug may suddenly cause a stoppage of respiration by falling into the trachea or bronchial tubes; quick inversion, pulling forward of the tongue, cleaning out of the mouth, extension of the head backwards, and artificial respiration must be carried out. The author has seen but one instance of this, when a muco-purulent plug blocked a bronchus; there was evident attempt at breathing, but no air was exhaled; the above procedure was at once instituted with prompt expulsion of the offending mass. The falling back of the tongue, and closure of the epiglottis are usually prevented by keeping the jaw well forward during the anesthesia.

4. Respiratory paralysis due to poisoning of the respiratory center by an overdose of the anesthetic is a sign of immediate and alarming danger. This is the most dreaded and usually the most fatal complication in either chloroform or ether narcosis. Fortunately it can nearly always be avoided, and it is so heralded by danger signals, that the careful anesthetizer need not wreck his patient's life on this rock. It is usually slow in onset, the breathing becoming more and more shallow, and the pupils, perfectly immovable with insensitive cornea, are growing more and more dilated. Whenever heart or lungs show a tendency to labored

or weak action, it is well to forestall this condition by a good dose of strychnine hypodermically (one-thirtieth of a grain). Take warning from danger signals, and stop the anesthetic, but if in spite of all, respiratory paralysis supervenes, deliberate, systematic, immediate and persistent action is absolutely demanded: stop anesthetic, invert patient, make rhythmic traction on the tongue, extend head, perform artificial respiration faithfully, inject strychnine (one-twentieth of a grain), and, if these means fail, divulse the sphincters. The author has seen one case of this nature under chloroform which yielded to the above treatment (all except divulsion which was not tried). Theoretically oxygen gas and artificial respiration would be the ideal treatment for this complication. The respiration should therefore be carefully watched as to rapidity, depth, regularity and type. Hare says: "During normal inspiration, the diaphragm descends, pushing down the intestines and distending the abdomen; when the anesthesia has been carried too far, the action is reversed, and the diaphragm is paralyzed, and hangs helpless with each inspiration, and is drawn up into the thorax, and the abdomen retracts." As this is the first of the inspiratory muscles to be disturbed, this peculiar movement must be carefully looked for, since the next inspirations may be quick, shallow, labored or gasping. Again, expiration is a passive act, and hence is easily disturbed by anything interfering with the free egress of air; the abdomen may even rise and fall and no air be exhaled, so sight alone is not sufficient to determine if the function is being properly performed, hearing and often feeling, with the hand placed before the nose and mouth, must determine the volume of tidal air. The filling and emptying of the receiver serves as a good measure if the author's inhaler is used. Lividity, blueness, as well as the appearance of the blood from the wounds, are also gauges of the efficiency of the respiration. The peculiar character of the respiration, the dilated pupil with insensitive cornea and the color of the patient form a syndrome which ought invariably to warn the alert anesthetist of imminent respiratory paralysis, thus removing nearly all the danger of ether narcosis, and half that of chloroform anesthesia. Because chloroform is more powerful and rapid in its action, because it produces a lowered arterial tension, it more readily allows an improper aeration of the respiratory and the neighboring circulatory center in the bulb, and hence is the more dangerous anesthetic. So under chloroform especially, the heart is overcome at the same time as the lungs, and there is a necessity of both cardiac and respiratory stimulants,

Primary heart failure does occur, very rarely it is true, and is the most formidable accident of anesthesia, and it nearly always happens, if at all, under chloroform narcosis. It may be either reflex or direct. The reflex variety occurs only under chloroform, and can be best avoided by insisting on complete and careful anesthesia before operation. Cocainizing the nostrils has been suggested before commencing with the chloroform; this doubtless would do away with reflexes arising from nasal irritation. Direct heart failure can be lessened in frequency by careful observation as to the depth of anesthesia. Nevertheless this complication comes on suddenly, and often unheralded by a friendly warning. If there be a flickering, very rapid or intermittent pulse, be chary of the anesthetic, and forestall syncope by a liberal hypodermic of strychnine (one-thirtieth of a grain). If pallor or lividness come on, if the finger nails get blue, or the pupils dilate, lower the head by inversion, perform gentle artificial respiration, knead the precordium quite forcibly seventy times a minute (König), give one-twentieth of a grain of strychnine, one-fiftieth of nitro-glycerine, apply warmth, make rhythmic traction of the tongue, inject ammonia or digitalis, and divulse the sphincters. Keep up artificial respiration, and precordial kneading faithfully for a long time.

Persistence may save apparently hopeless cases. After all, this is the complication which the anesthetizer is the most helpless either to combat or foresee, and really the greatest drawback to that pleasing anesthetic, chloroform.

Failure of the circulation due to hemorrhage demands heroic treatment, and at the same time gives excellent promise if energetically handled. Stop the anesthetic or give a minimum amount, give large rectal injections of hot saline solution (93 grains to 2 pints), or intravenous or subcutaneous injections of the same, rectal injections of hot coffee and whiskey (2 ounces), hypodermically whiskey, strychnine, ammonia, digitalis, or nitro-glycerine. Apply warmth, lower the head, perform *gentle* artificial respiration and precordial kneading, raise and bandage limbs, and if in bed raise the foot. The author has seen two cases of collapse from this cause, one in which he called for a halt in the operation, and another where he advised rapid completion. The former case, with a uterine fibroid, died in two weeks from continued hemorrhage; and the latter made a complete recovery. Indeed, the second case demonstrated more than any case the author has ever seen the value of a method that can keep a patient under with a very small amount of the anesthetic. It was a case of hysterectomy three weeks after confinement, where there had been auto-infection from pus tubes, and an infiltration of the womb with purulent inflammation. The operation was two hours long, six ounces of ether was used. The battle for life lasted three-quarters of an hour. The operation could not be stopped, for death was sure to follow if the infected womb was not removed. Every precaution was taken, and even then there was no radial pulse for twenty minutes. Yet before the patient left the table, while the assistant was rapidly putting on the bandages, the patient awoke, smiled and spoke to the surgeon. This was a triumph due to ether administered warm, given carefully, and backed up by energetic restoratives.

Chloroform should by no means be discarded. It is the *powerful* anesthetic, and can produce surgical insensibility where ether fails. Nearly five per cent. of people cannot be put to sleep by ether given in the ordinary way, and one and seven-eighths per cent. showed so much resistance to the warm ether that the author thought it advisable to use chloroform. With the potency of chloroform comes its power to do harm; as unfortunately it is a capricious drug, there is every reason to use it with care, and hence it should be administered by a skilled anesthetist, who is fully aware of, and on the lookout for possible dangers.

The objections to the use of ether may exist (1) in the mental condition or age of the patient, (2) in the presence of certain diseased conditions, and (3) in the nature of the operation itself. Of these conditions the two latter positively prohibit the use of ether, and the first demands that the anesthesia be commenced at least by chloroform. The first group includes children; epileptics; who usually take chloroform kindly and ether badly, excessively nervous people, mostly women, and alcoholics, generally men; and lastly people who, when formerly anesthetized by a *competent* physician, took ether badly. In epileptics and children the chloroform should be used throughout the operation, if the symptoms allow it. There are some people so excessively nervous as not to allow the commencement of anesthetization by an inhaler; these must be got under by chloroform; if, however, the operation is to be a long one, it is well after the full establishment of anesthesia to substitute ether for the more powerful anesthetic. Alcoholics can also be managed by mixed anesthesia of morphine and ether.

Aneurism and atheroma of the arteries contra-indicate ether, lest a rupture occur; acute or severe bronchitis or inflammatory condition of the lungs also prohibit ether, lest the irritating effect of the vapor increase the local troubles. Nephritis also negatives ether for a similar reason.

Cerebral operations, facial surgery and tracheotomy are procedures which had better be performed under the influence of chloroform; the first because chloroform renders the brain anemic, the second because it can be administered more readily and the third because time is a vital matter in nearly all cases where such an operation is required. As a rule for operations about the nose, mouth and pharynx chloroform is best, *but the extraction of teeth is an exception*. Nearly ten per cent. of the deaths under chloroform have occurred in dentist's offices, a proportion enormously high, when the relative administrations for other purposes are considered. (Reeve.) Another authority (Nance) states that chloroform should never under any circumstance be given for the extraction of teeth. Lyman says chloroform should be discarded from use in dentistry.

The special dangers from the use of chloroform in dentistry may be due either to improper posture, a semi-recumbent or sitting position favoring syncope, or to improper administration. This latter may arise in two ways, by giving too much or giving too little. In the desire to use as little of the drug as possible the operation is commenced before the complete loss of consciousness and the pain thus induced acts with fatal inhibitory force on a heart already weakened by chloroform, or on the other hand in the hope of saving the patient pain just before the extraction an extra amount is crowded, and the heart center is thus overcome by a poisonous dose. In fifty fatal chloroformations in general surgery where the time was recorded, thirty-three deaths occurred in the first six minutes; one-fourth of the deaths from this drug occur immediately after the addition of a fresh supply to the inhaler. Again, a sudden movement, such as lifting the head or tilting the body to one side to free the mouth from blood may in a predisposed individual be the exciting cause of a dangerous faint.

Of the powerful anesthetics, ether only should be employed in dentistry; accordingly ether was administered by the author in 1895 for the extraction of teeth in seventeen instances (fifteen women and two men). The average length of time from the first inhalation to the beginning of operation was three and one-half minutes, the average amount of ether used was six and two-thirds drachms, and the average length of time from the commencement to return to intelligible consciousness was eleven minutes. In none of these cases was there the slightest resistance to the administration. All but one recovered promptly. The after effects were almost entirely lacking. One patient had nausea, three nausea and vomiting. Two of these vomited twice, and the other one only once. None felt any pain at all, only one had any consciousness that anything was being done. From one to fourteen teeth were extracted, on an average of three teeth to each patient, and some of them were very hard to extract. Fully nine could not have been sufficiently anesthetized by nitrous oxide to have permitted a completion of the operation. Ordinarily nitrous oxide anesthesia, which follows in from forty-five to seventy-five seconds and lasts from thirty to ninety seconds, allows time for the extraction of a few teeth, if not firmly set. But for more extensive or difficult work, ether is needed. About five working minutes were allowed in the above instances.

The author has had ten cases recently not included in the above account, where in each instance a wisdom tooth proved very difficult of extraction. In each case when the patient began to object to the manipulation, the ether was again pushed, and the work continued. This was found necessary only three times. In one instance the operation occupied thirty-five minutes, in the other about twenty-five minutes. Recovery was very prompt in each case, with no nausea or vomiting. The majority were able to walk in fifteen minutes' time from the commencement, two only were compelled to lie down for a half hour,

and one felt a little peculiar until the next morning. None of the cases had contracted pupils, nor insensitive corneæ, so all of them were in a prolonged primary anesthesia.

The performing of slight operations during this stage was first advocated by Packard, of Philadelphia, and it is especially indicated when there need be short but full anesthesia, and where local insensibility by cocaine is contra-indicated on account of the dangers of the constitutional effects of that drug. Indeed, the author is of the opinion that there is far less danger from ether than from cocaine, having seen dangerous collapse from minute doses of that drug when applied to the nasal mucous surfaces.

Gerster, in a study of 100 cases of anesthesia where the nasal mucous membrane was cocaineized, reports: "Ten times in about from twenty to twenty-five minutes after the first application of cocaine with no external reason, such as, for instance, profuse hemorrhage, there occurred a marked acceleration of the pulse rate, with facial pallor followed by profuse sweating, probably the effect of cocaine." (Journal Am. Med. Ass'n., Jan. 18, '96.) Although the nasal reflexes were inhibited, the danger is apparently *increased*, under cocaine, but with hot ether there is both a lessened nasal irritation and a *decreased* danger.

Of the after effects of anesthesia, save vomiting, the author's statistics are too meagre to be of importance. Bronchitis and pneumonia may follow the use of cold ether and jaundice and fatty liver the administration of chloroform; and nephritis, glycosuria, acetonuria, hysteria, headache, hiccough and insanity may occur after either anesthetic.

In reference to acetonuria, Becker observes: "In a majority of healthy persons there arises an acetonuria of varying duration after narcosis, and it is a symptom of increased disintegration of nitrogenous compounds." Fentor's conclusions are: "Ether has no perceptible influence on the healthy animal kidney, that it is not dangerous in persons whose kidneys are slightly diseased, and that albuminuria but very rarely occurs after ether anesthesia in persons with healthy kidneys." Wunderlich says: "Albuminuria is twice as common under chloroform as ether." Just how much these diseases are due to the anesthetic is a question. Everything happening after the administration of ether or chloroform is not due to these drugs, any more than all deaths occurring during surgical insensibility are caused by the anesthetic. Hardly any of these conditions arise *de novo*, the anesthetic and the shock of the operation, as well as possible sepsis being the occasion for their manifestation. Six deaths occurred after operations performed in 1895, when the author administered the anesthetic, four in one hundred and sixty cases where ether was used, and one in thirty-three where chloroform was employed, but in none of them could death directly or indirectly be attributed to anesthetic alone.

The following is a brief resume of the fatal cases.

I. Female, 40, uterine fibroids, time going under five minutes, operation one-half hour long, ether used two and a half ounces. Patient exceedingly anemic. One fibroid removed per vaginam, considerable hemorrhage and collapse, hence intended laparotomy stopped. Usual restoratives brought about recovery in three-quarters of an hour. Patient died in fifteen days from hemorrhage.

II. Male, 32, healthy but exceedingly nervous, operation for radical cure of hernia, Induction time, twenty minutes (secondary struggling), operation two hours, amount of ether six ounces. Patient lived in a rough board house, operation was at the beginning of a prolonged heated spell. No untoward symptoms until tenth day, then some fever and slight difficulty in left lung. On thirteenth day he had high fever very suddenly. On morning of the fourteenth day fever

was gone, on the evening of the same day he died suddenly apparently of syncope from fright. Autopsy revealed wound in good condition and only a slight hepatization of the very lower border in front of the lower lobe of the left lung, said lesion being a recent infarct and in no wise accounting for death.

III. Female, 42, operation vaginal hysterectomy for cancer, time going under eight minutes, operation two hours long, amount of ether used five ounces; took the ether nicely, pulse high, 135 at the end of the operation. The pulse continued high until the fifth day, when suddenly the temperature rose quite high and the patient died on that day. Autopsy failed to reveal cause of death.

IV. Female, 35, intended oöphorectomy, five minutes going under, half an hour operation, four ounces of ether used. The operation was discontinued on account of hopelessness of breaking up extensive adhesions. Patient was very blue when put on the table, the blueness was due to adhesions inhibiting any movement of the chest. Patient slightly "off" mentally. Casts and albumin found after the operation, the mental condition grew worse and the patient died in about a week. Probably the ether aggravated the existing nephritis.

V. Female, 60, operation for obstruction of the bowels, going under five minutes, length of operation one hour and a quarter, amount of ether three and one-half ounces. The obstruction was removed, but patient in a very asthenic condition. On account of the prolonged dilatation of the bowels diarrhea set in, and patient died in two weeks.

VI. Male, 40, operation to relieve pyelitis, patient phthisical, hence chloroform was used. Time going under four minutes, amount used, half an ounce, length of operation, half an hour; death in two weeks.

[Concluded next month.]

DISCOVERY OF ANESTHESIA BY SULPHURIC ETHER.

BY WILLIAM BARBER, SAN FRANCISCO, CAL.

Charles T. Jackson, whose name is inseparably associated with the discovery of anesthesia by means of the inhalation of sulphuric ether, had attained at the date of the discovery a prominent place among the scientific men of the United States. Born in 1805, he had received the degree of M.D. from Harvard University in 1829, had then spent three years in Europe, studying in Paris, visiting Switzerland, Italy, the Tyrol, Bavaria, and Austria, and making geological explorations in Sicily and the mountain region of Auvergne in France. He returned to the United States in 1832 and began practice as a surgeon and physician, but soon turned his attention almost exclusively to researches in chemistry, geology and mineralogy. From 1836 to 1850 his time was largely occupied in exploring and describing the geology of Maine, Rhode Island, New Hampshire and Michigan, and in chemical investigations connected with his field work. From time to time he contributed many valuable papers to "Silliman's Journal" and to the proceedings of various scientific bodies, including the French Academy of Sciences.

His account of the discovery of the anesthetic properties of sulphuric ether is briefly as follows: In the winter of 1841-2, while delivering a lecture in Boston, he accidentally broke a glass jar of chlorine gas, the fumes of which nearly suffocated him. He at once inhaled sulphuric ether and was thereby much relieved. But the next morning his throat was again very painful, and his lungs much oppressed. Again he had recourse to sulphuric ether. He sat down, soaked a towel in ether, and placed it over his mouth and nose so as to allow him to inhale the vapor mixed with air. Under its operation he gradually became

insensible to pain, and then unconscious for the space, as he infers, of about a quarter of an hour. As consciousness gradually returned, the sensation of pain in the throat returned with it.

From this experience he deduced the truth that sulphuric ether can be safely and effectually applied as an anesthetic in surgical operations. He mentioned this incident to several of his friends, and expressed to them his conviction of the important nature of his discovery. Their testimony was given before a Congressional Committee appointed in 1851 to determine who was the discoverer of the new anesthetic. Dr. Jackson at this time, and for years afterwards, was so busy with his geological and chemical investigations that he had no time to introduce his great discovery in a satisfactory manner to the public notice. But on September 30, 1846, according to the testimony of Mr. George O. Barnes, a student in Dr. Jackson's office, Mr. G. W. T. Morton, a dentist who had been a student in Dr. Jackson's chemical office and laboratory, entered the office and said he proposed to extract the tooth of a female patient by making her believe that a bag inflated with air contained something that would render the operation painless. Dr. Jackson dissuaded him from this unwise project, and told him to get a bottle of pure strong sulphuric ether, spatter it on a handkerchief, and take care that it should be well inhaled. Morton said, "Sulphuric ether! What is it? Is it a gas? Show me some." Dr. Jackson did so. Morton smelt of it, as if it was something quite new to him, remarked that it was "queer-smelling stuff," and asked Dr. Jackson repeatedly if it would accomplish the result, and if it was perfectly safe to administer. Dr. Jackson replied affirmatively to both questions, and Morton, after being shown by Dr. Jackson's example precisely how it was to be administered, left the office. He returned either that day or the next, and reported the success of the experiment. Dr. Jackson then directed him to call on Dr. Warren and obtain his permission to administer the ether at the Massachusetts General Hospital. Morton reluctantly consented to do so, as he wished to keep secret the nature of the anesthetic, and asked if something could not be used to disguise the smell. Dr. Jackson told him he would not consent to any secrecy about the matter. Morton accordingly called on Dr. Warren, and on October 16, 1846, without notice to Dr. Jackson, Morton attended and administered the ether to the patient who, while under its influence, was painlessly relieved of a tumor in the cheek. Dr. Jackson called on Dr. Warren soon afterwards, told him that Morton had called by his direction, and that the new anesthetic was sulphuric ether. He then asked Dr. Warren to have it administered in some capital surgical operation. Dr. Warren consented, named the following Saturday as the time, and asked Dr. Jackson to attend and personally administer the ether. Dr. Jackson, however, was under an engagement to be in Maryland on the Monday following, and in order to fulfill it was obliged to leave Boston on Friday evening. The operation (an amputation above the knee joint) was successfully performed under the influence of the anesthetic.

A few months later, Morton began to assert that he was the original discoverer of anesthesia by the inhalation of sulphuric ether. This pretension was of course contested by Dr. Jackson, and the state of hostility commenced between the two claimants, and their respective adherents, which has become well known in medical annals as the "ether controversy."

The testimony of Mr. George O. Barnes as to Morton's apparent ignorance of the nature of sulphuric ether on the 30th of September, 1846, has already been referred to. It is fully corroborated by the deposition of Mr. James McIntyre, a fellow student who was present at the same interview. As this deposition is in

substance a mere repetition of what Mr. Barnes has stated, it need not be further noticed.

Morton himself gives a version of the same interview. After admitting that Dr. Jackson dissuaded him from the bag experiment, he (Morton) said: "Why cannot I give the ether gas? He said that I could do so, and spoke again of the students taking it at Cambridge. He said *the patient would be dull and stupefied and that I could do what I pleased with him, that he would not be able to help himself.*" Morton then admits that he made the inquiries he wished as to the different kinds of ether, and asked Dr. Jackson to show him what he had, and that Dr. Jackson directed him to get some, highly rectified, at Burnett's (a well known chemist). He explains the reason why he was not more explicit by saying, that "he feared Dr. Jackson might forestall him and guess what he was experimenting upon." (See "Trials of a public benefactor, New York, 1859, by Nathan P. Rice, M.D." p. 172-3, a book containing Morton's biography from materials furnished by himself.)

According to the testimony presented to the Congressional Committee above referred to, Morton himself, before he had determined to claim the discovery, repeatedly admitted to various persons that Dr. Jackson was the discoverer, and that he merely followed Dr. Jackson's directions. D. P. Wilson, for a time an assistant in Morton's office, declared that this was the uniform statement of Morton, and in giving an account of what Morton said respecting the interview referred to by Mr. Barnes, affirms that Morton described the instructions then received by him from Dr. Jackson as they are set forth by Mr. Barnes.

Alvan Blaisdell, of Boston, stated that in a conversation with Morton, he asked him: "Was it Dr. Jackson who made the discovery?" Mr. Morton at once answered that it was, and that Dr. Jackson had communicated it to him with instructions as to the proper mode of applying the ether.

Testimony equally strong on this point was furnished by Allen Clark, Horace J. Payne, and Daniel I. Blake, all highly respectable and unimpeachable witnesses.

The Honorable Edward Stanly, a member of the Congressional Committee, states that Morton was unable to answer questions relative to the composition of sulphuric ether, addressed to him personally by Mr. Stanly. (See his report, p. 24.)

The Honorable Edward Everett writes, in a letter to Dr. Jackson dated 21st of October, 1851, referring to an address delivered 3d of November, 1846, by Dr. Henry I. Bigelow, of the Massachusetts General Hospital, as follows: "Dr. Bigelow, after describing the dental operation performed by Dr. Morton under the influence of the newly discovered 'compound,' as it was then called, stated that Dr. Morton had derived his knowledge of the substance used from you. * * * Dr. Bigelow ascribes its first suggestion to Dr. Charles T. Jackson, and its application, under his advice for mitigating pain, to Dr. W. T. G. Morton, both of Boston." (See report, p. 37 S.)

Dr. Jackson, desirous of having his claim adjudicated by some scientific body of recognized authority, on the 13th of November, 1846, addressed a memorial on the subject to the French Academy of Science. He informed Morton of this proceeding, and Morton likewise presented his claim and sent over a special messenger to insure its proper presentation. A commission of nine of the most eminent surgeons of France was appointed to examine the question and report thereon at some future day. The report was not presented until the year 1850. The commissioners reported that they had examined all the documents attentively and conscientiously, and on their recommendation the Academy awarded

"A prize of 2,500 francs to M. Jackson for his observations and his experiments upon the anesthetic effects produced by the inhalation of ether. Another of 2,500 francs to M. Morton for having introduced this method into surgical practice according to the directions of M. Jackson (*d'après les indications de M. Jackson.*")

In Morton's account of the award he states that he declined to notice it, until warned by a correspondent in Paris, some two years afterwards, that he would lose the benefit of it unless he did so. That he then wrote to the Academy protesting against the decision. "Finally, the Academy's *expression of opinion* was received by Dr. Morton in the *acceptable form of their largest gold medal*. On one side of this magnificent testimonial is a finely executed head of Minerva, etc. Valuable as was the medal, it did not absorb the whole sum of 2,500 francs voted by the Academy, and the balance was expended in a massive gold frame, ornamented with branches of laurel—that classic tribute to victory." ("Trials, etc.," p. 218. See also biography in American Encyclopedia.)

The simple truth is that the Academy expressed no other opinion than that contained in the award. Morton had the right to ask that so much of the money awarded to him as might be necessary to purchase the medal, which is merely the ordinary medal of the Academy, should be applied to that purpose. He did so. The medal cost 300 francs. The balance, 2,200 francs, was remitted to Morton, who seems to have used it in ornamenting the medal with the elaborate additions which he describes. (See letter of Elie de Beaumont, a distinguished member of the Academy, to Jackson. Report, p. 56.) M. de Beaumont concludes his letter thus: "It (the medal) was not struck separately for him. You have the right to ask for one exactly like it; only in that case you should receive but 2,200 francs instead of 2,500 francs."

In the year 1851, Dr. Jackson had addressed a letter to Baron Von Humboldt, giving a condensed history of the origin of etherization. In consequence of this communication the Baron, by order of the King of Prussia, applied to the Honorable Daniel Webster, then Secretary of State, for all the evidence of the American claimants to the discovery of anesthesia. It is presumed that he was furnished with all the documents required, and Dr. Jackson and Dr. Morton were both officially informed of the application. The protracted investigation which Baron Von Humboldt bestowed on the case resulted in a decision in favor of Dr. Jackson, who in 1857 received from the King of Prussia, through the Prussian Minister at Washington, the Order of the Red Eagle. In addition, other honors conferred upon him by foreign governments are the Cross of the Legion of Honor, at the suggestion of the great surgeon Trousseau, from the French Republic, the Order of St. Maurice and Lazzaro from the King of Italy, the Order of the Medijeh from the Sultan of Turkey, and a gold medal struck expressly for the purpose, at the suggestion of the great chemist Berzelius from the King of Sweden.

In a memorial addressed to Congress under date of November 20, 1847, by physicians and surgeons of the Massachusetts General Hospital, it is stated that the first satisfactory experiments in the prevention of pain by means of the inhalation of ether were made "by two citizens of Boston." Among the names signed to this memorial appear those of Drs. John C. Warren, Jacob Bigelow and Henry I. Bigelow. The "two citizens" alluded to are obviously Dr. Jackson and Dr. Morton. But as Dr. Jackson was not present on these occasions, in what sense can it be said that these successful experiments were made by both. Evidently in this, that Dr. Jackson's head contrived, planned and directed what Dr. Morton's hand executed.

No doubt Dr. Morton succeeded in creating a very general impression that the discovery was made by him. He was a man of great energy and activity; he spent large sums of money in advertising his "Letheon," as he called it. He was a dentist, and at one time in large practice, and was thus afforded frequent opportunities of diffusing among the community a belief in the truth of his pretensions.

Strong efforts have been recently made, in view of the near approach of October 16, 1896, the semi-centennial year from the date of the first use of sulphuric ether as an anesthetic in the Massachusetts General Hospital, to revive and reassert the claim which Morton struggled so long and persistently, but in vain, to establish. No new light can possibly be thrown, at this late day, on the controversy. That Dr. Morton's path was a thorny one, is manifest from the chapters of his book ("Trials," etc.) headed "Pecuniary Difficulties," "The Last Defeat," "Action of the Charitable," and "Conclusion."

Dr. Jackson quietly pursued his scientific career until the year 1873, when the active, inventive brain that had sent forth to the world so many valuable conceptions, ceased to perform its normal functions, and his life closed, seven years later, in one of the departments of the Massachusetts General Hospital, the institution in which his beneficent discovery was first introduced to the public's notice.

Dr. Morton died in 1886, six years later.

Was Dr. Jackson's report of the circumstances of his discovery true? Did he, as testified by several of his friends, soon afterwards and prior to October, 1846, tell them of this discovery and express his confidence in it?

Is the narrative true of Messrs. Barnes and McIntyre as to the occurrences of September 30, 1846, at the interview between Dr. Jackson and Morton, when the latter, according to their statement, showed his ignorance of the nature and effects of sulphuric ether until instructed by Dr. Jackson.

Are the numerous witnesses to be believed who state definitely and positively that Morton, shortly after October 16, 1846, repeatedly admitted that the discovery was not his, but Dr. Jackson's, and that in using it he had followed Dr. Jackson's instructions? It seems incredible that all this testimony can be untrue.

With what color of consistency or reason can Morton's adherents be permitted to urge his claims to the discovery, in view of the fact that they were submitted by him to the French Academy, that the Academy decided against them and awarded the honor of the discovery to Dr. Jackson, and that of the successful administration of the anesthetic in conformity with his directions, to Morton; that Morton recognized the fairness of this decision by accepting the prize awarded to him and surrounding the medal which constituted a part of it, with a golden wreath of laurel, "that classical tribute to victory?"

The decision of the French Academy was acquiesced in by both parties as reasonable and just. The controversy thereby became "*res judicata*," and both parties were in reason and justice precluded from disputing it.

No national testimonial has yet been awarded, and probably none ever will be, to those whose names are most closely connected with the discovery of the greatest boon that has ever been conferred by science on suffering humanity. "The whole world," says that eminent surgeon, Sir James Paget, "owes to them immeasurable happiness."

The nation has provided, with unexampled liberality, for those who came to its aid in the great conflict of more than thirty years ago. Said Lincoln at Gettysburg, in his grand tribute to their memory: "The world will little heed, nor long remember, what we say here, but it will never forget what they did

here.' And it ought not—and especially our own government ought not—to forget the lives that were saved and the torments that were mitigated on the battlefield, and in warship and hospital, by means of Jackson's great discovery and Morton's energy in explaining and facilitating its practical application and rapidly extending the sphere of its usefulness.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

ARSENIC IN GASTRALGIA. (*Lancet.*)—Sir Jas. Sawyer. The diagnosis of gastralgia should neither be lightly made nor negligently maintained, but pain arising in the stomach when the organ is empty and relieved by the ingestion of food is almost diagnostic of its nervous nature and origin. He employs a twenty-fourth of a grain of arsenious acid made into a pill with two or three grains of some tonic vegetable extract, such as gentian, three times daily half way between meals. Scarcely any other treatment is necessary in cases of moderate severity, and the use of the remedy should be continued for some weeks. He has usually found a full and varied dietary suit gastralgic patients far better than a restricted dyspeptic regimen.

CAMPHOR IN STRYCHNIA POISONING. (*Jr. Med. and Science.*)—Dr. A. K. P. Meserve reports the case of a child $2\frac{1}{2}$ years old, who was supposed to have taken 1-60 grain of strychnia. Characteristic symptoms of poisoning soon appeared. In the absence of a physician ten drops of tincture of camphor were given. The effect was almost instantaneous, the spasms relaxed and, when a physician arrived, nearly an hour later, the danger seemed to be over, although tannin and twenty drops of camphor were given as a precautionary measure.

THE RELATION OF THE WEATHER TO FATALITY FOLLOWING SURGICAL OPERATIONS. (*Univ. Med. Jr.*)—Dr. Fred. Walker Gwyer, having had his attention called to this subject by losing a case unexpectedly after a favorable prognosis had been given following an operation for appendicitis, made a study of the records of Bellevue Hospital for the six months beginning January 1, 1895, and ending July 1, 1895, and compiled a list of those cases which died within nine days of operation. While the statistics are too few to warrant a positive conclusion, he thinks that it may safely be assumed that, of the weather indications, humidity is the principal one governing the operations, and that the barometer, wind, and weather must be considered in relation to it and to possible changes they may indicate. Excessive humidity at the time of injury, whether operative or accidental, is a factor of no little importance in the consideration of the treatment and final result.

The questions that naturally arise are: Why is high humidity so detrimental? How does it affect the body? It appears to Dr. Gwyer that the action is twofold:

1. In reducing the amount of excretion of the products of metabolism by the lungs and skin. Expired air is loaded to saturation with moisture containing excrementitious material,—principally carbonic acid, but also ammonia and organic solids. If dry air be inhaled the expired air contains 100 per cent. of moisture with its proportion of effete material. If the air inspired contain 90 per cent. of moisture, necessarily but 10 per cent. of the returning moisture is

directed from the lungs. If the normal New York air contain 72 per cent., there is left for the lungs, as a means of elimination, 28 per cent. (with no allowance for difference of temperament). As this percentage is reduced, so a corresponding part of the lung-function is interfered with.

So also with the skin, which normally throws off excrementitious material which is increased in amount in dry, warm air and naturally lessened in moist air. Consequently, excessive humidity interferes with the action of the lungs and skin as eliminators, and the excrementitious material remains to poison the system or must be secreted and eliminated by other ways—notably the kidneys—thus throwing upon the system and organs, at a time when they can least bear it, a greater amount of metabolic products and a greater amount of work of elimination.

2. Air is a poor and water is a good conductor of electricity. The more moisture the air contains, the greater its conductivity and holding power. Cold air usually means dry air, as, the colder the air, the less moisture it can contain, air at the freezing point being capable of holding only 2.1 grains (0.136 grammes) per cubic foot, while at 98° F. (36.6° C.) it will hold 18.1 grains (1.17 grammes) (*Climate and Health*, United States Weather Bureau). In cold, crisp, dry air one feels invigorated and filled with surplus energy; in warm, muggy, moist air just the reverse. Is this not because, in the first case, the electrical potential of the body is high and that of the air low, and, in the second, the potential and conducting power of the air is high, it taking from the body sufficient to equalize or more nearly equalize the potentials, leaving the body deficient, and, as the contact air is continually changing, there is a constant loss of electricity?

If the effects be so noticeable in the normal state, is it not possible that they are still more marked under conditions—such as operation or accident—which, reducing the vitality, cause a reduction of the capability for normal potential; and, under circumstances increasing the potential, capacity, and conductivity of the air, with change from positive to negative, would we not have surroundings very favorable for a rapid, large, and continuous loss of electricity, and the conditions resulting which we now term shock and collapse? In support of this view the author quotes such authorities as Draper, Jenkin, and Tillmann.

As to how these influences of humidity may be best counteracted, Dr. Gwyer suggests:

1. Postponing operations of magnitude till the weather indications were more suitable. In a large hospital practice, were this done habitually, the work would very soon be in arrears; also, certain cases require immediate operation; but there are a large number of cases (those of disease and chronicity) in which operation might, without detriment, be postponed twelve, twenty-four, or forty-eight hours, or even for several days. The weather returns and indications might be obtained each morning, and, if unfavorable, those cases set for operation, which can be postponed, might be held over till such time as the weather be more favorable.

2. Drying the air. Those cases which require immediate operation and with unfavorable weather conditions, should be operated upon in, and afterward kept, in a dry atmosphere. This could be done easily in a hospital, and comparatively well in a private house, by attention to windows, doors, etc., and elevation of the temperature.

3. Raising the electrical potential of the air and of the body. The dry, warm air supplied in the operating and reception rooms will, in itself, serve to do this;

further, the electrical potential of the room may be raised by the use of a static machine, and, in addition, a small continuous current might be supplied to the patient.

THE WELFARE OF THE COMMUNITY DEMANDS THAT MARRIAGE SHOULD BE REGULATED. (*Jr. Amer. Med. Ass'n.*, Aug. 15, '96.)—Dr. D. R. Brower concludes an article on this subject as follows: "In most of the States of the Union a marriage license is necessary before the ceremony can be performed, but its requirements are insignificant. Let us agree that in addition, proper evidence must be furnished that both parties are in good health, that they are not insane, criminals, paupers, alcoholic or narcotic inebriates, that they are not tuberculous, cancerous nor epileptic, and that they have not active venereal disease. If the members of this great profession will unitedly advocate this great reform, they will succeed, and more than ever deserve the title of public benefactors."

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

ECTOPIC GESTATION.—Mr. M. D. Mann, in *American Gynecological Journal* for July says: To sum up, I would suggest as rules for our guidance the following:

1. Before rupture: celiotomy.
2. Soon after rupture; intraperitoneal hemorrhage: celiotomy.
3. After rupture; hemorrhage; no attempt at inclosure; septicemia: celiotomy.
4. Encysted hematocoe, early, celiotomy; or delay and, later, colpotomy.
5. Encysted hematocoe, late or with sepsis: colpotomy.

IRELAND'S UNAPPROACHED RECORD FOR LEGITIMACY.—The *Scalpel* for May refers to the low birth rate of Ireland as being partly due to the large immigration of able-bodied adults. Of the children born in 1894, 53,922 were boys, and 51,433 were girls; the predominance of the male sex being thus equal to nearly 2½ per cent. "The chief feather in Ireland's cap is the comparative infrequency of illegitimate births. So great, indeed, is this distinction that the Registrar-General draws special attention to the fact by remarking, somewhat inconsequentially, that 'it is not unnecessary to say the proportion compares very favorably with the returns from most other countries.' The illegitimate birth rate for the entire country was 2.7 per cent. of the total, but it varies greatly in different provinces. In Ulster 39 children in each 1,000 were born out of wedlock; in Leinster, 27; in Munster, 22; while in Connaught the number fell to one. We are certainly of opinion that instead of *most*, the official dictum might well have been *all* other countries."

THE UNAPPROACHED RECORD OF FRANCE FOR ILLEGITIMACY.—The saucy charge of M. Paul Bourget, in his recent work on America, says the *Medical Times*, that society in New York spent its leisure time in looking up their grandparents, called forth the retort from Mark Twain that in this they differed from the French, who spent most of their time in looking up their parents. This clash of wit has directed the attention of the *Medical Record* to statistics which show a decrease of marriage in France, and a very much larger percent-

age of illegitimate children there than in America. Twenty-eight per cent. of Parisian children, says the *Record*, are illegitimate, and out of every 100 families 33 have no children, unless they are still-born. Out of 60,000 babes born in Paris yearly 20,000 are sent out to nurse, and of these 38 per cent. die the first year. These startling facts look to a gradual withering of national life and strength, and in process of time a slow but sure extinction of national existence.

TREATMENT OF ACUTE INFECTIOUS DIARRHEA IN INFANTS. (*Am. Jour. of Obstetrics and Diseases of Women and Children*, June, 1896.—Dr. H. M. McClanahan says: Stop the food supply. Remove the products of imperfect digestion from the intestinal tract by irrigation, continued until the water returns free from admixture of fecal matter. Inject solution of 20 grains of tannic acid in a pint or more of sterilized water and have it retained in the bowel about an hour. When vomiting persists the stomach should be washed out also. To neutralize the toxins calomel in 1-10 grain doses hourly for the first twenty-four hours is recommended. First among antipyretics is the cooled bath. When watery discharges continue after the irrigation, hypodermics of 1-100 grain of morphin and 1-800 grain of atropia can be given. Stimulants are indicated in the severe cases and whisky is the best that can be given. After the urgent symptoms have subsided the child can be nourished with the white of an egg stirred in cold water, or the mixture recommended by Jacobi: Five ounces of barley water; the white of one egg; one or two teaspoonsful of brandy or whisky; some salt and sugar. A teaspoonful every five or ten minutes as indicated. No milk should be given for several days.

(We believe that stopping milk, malted milk, or whatever patient may be taking, and substituting barley water for 48 hours, will cure most of these cases. It may be best to add small powder of salol, papoid and bismuth. After 48 hours a small quantity—say 1 to 4 of sterilized milk, should be added to the barley water. To prepare barley water: Wash two tablespoons of pearl barley with cold water. Boil five minutes in fresh water and then throw water away. Pour on two quarts boiling water; boil down to a quart; add milk sugar to taste.—*L.*)

INFANTILE SCURVY. (*University Med. Mag.*, July.)—Lack of fresh food is the most important cause of infantile scurvy, and condensed milk produces more than all other causes combined. Even fresh milk in small proportions is not sufficient to insure protection. It has been shown more recently that proprietary foods, condensed milk, and cow's milk too freely diluted are not the only offenders, but that sterilization or prolonged boiling of new milk of good quality is sometimes an important factor in the development of infantile scurvy. The diagnosis of this disease is a matter of some moment, the more so since the failure to institute treatment early is often followed by fatal results. The diseases for which it is most apt to be mistaken are rickets, rheumatism, stomatitis, congenital syphilis, infantile paralysis, osteitis and sarcoma. As a rule, however, symptoms of scurvy are so pronounced that there is but little difficulty in making a diagnosis when the condition is borne in mind. On the treatment of the disease there is but one opinion, and that is that the best results are secured by the prompt substitution of "living food," such as fresh milk, fresh beef-juice, and orange juice for proprietary food, condensed milk and sterilized milk.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

OPTIC ATROPHY. (*A. J. O.*, June, '96). Culbertson: Glonoin in doses of 1-50 grain, together with strychnine in all forms of optic atrophy, and many choroidal troubles.

EYE OINTMENT. (*B. M. J. Derm.*)—Jamison speaks of the following as almost an ideal excipient for eye ointments: Lanolin (Liebreich) 3 drams, almond oil $\frac{1}{2}$ dram, distilled water $\frac{1}{2}$ dram.

EAR—ATTIC DISEASE. (*Jr L. O. & O.*, June, '96, page 303.)—Hill: Cases where the hearing got worse and pain started in if the discharge stops are in most every case those where there is attic disease. (The cases which lead to mastoid disease.—*Reporter.*)

EYE TREATMENT OF PENETRATING WOUNDS OF CILIARY REGION AND CRYSTALLINE LENS. (*N. Y. J.*, Feb., '95.)—Randolph recommends the removal of the lens at once if it becomes opaque and swells up. It plays the part of a foreign body and may cause sympathetic irritation.

IMPROVED GLASSES FOR SCHOOL CHILDREN.—A French journal describes some spectacles for school children which have a celluloid trap cover for each glass that falls down over them whenever the head drops forward and springs back into place as soon as the head is raised.

SORE THROAT, ERUPTIVE DISEASES, RESORCIN IN GLYCERINE. (*Thésis de Paris*, '96.)—Lape. The author treated 25 cases with much benefit by painting with resorcin glycerine, one in ten to one in twenty. She employs it in every case, serious or mild. It is not painful, not caustic, diminishes the duration and prevents secondary infectious complications.

GRANULAR CONJUNCTIVITIS, ELECTRICITY IN. (*R. de O.*, Feby.)—Malgot: The constant current is used—the positive electrode of brass and the negative connected with a steel needle, which is applied to each granulation. The current should be from 5 to 6 milliamperes and should be applied after cocaine is used. The operation is repeated two or three times a week. All irritation passes off in a half hour.

NOSE TREATMENT OF ACUTE DISEASE OF THE ACCESSORY CAVITIES. (*M. F. O.*)—Moll. He attributes great value to aspiration and his method of cleaning the cavities was as follows: The mouth and nose are tightly closed and then the chest is vigorously dilated as in inspiration. In this way there is a diminution of pressure in the accessory cavities and the liquid contents are drawn out. This is done every two hours.

THE BRACELIN REMEDY FOR DIPHTHERIA. (*J. A. M. Ass'n.*, July 4, '96.)—The remedy consists essentially of chlorin, deprived of its suffocating, irritating qualities by an emollient corrective. The value of the "corrective" is not so much due to the agents used as to the process of manufacture in making the combination. Properly made the results will be satisfactory, if improperly combined the results will be disappointing. This is the result of my repeated trials and clinical experiments carried on during a period of over two years. Two liquids are used, which are for convenience named "Bracelin Chlorin Bactericide," "No. One" and "No. Two." "B. C. B. No. 1" is set free by the corrected

chlorin in "B. C. B. No. 2." "B. C. A. No. 2" is added to "B. C. B. No. 1" in the proportion of one to five parts slightly warmed and the vapor inhaled as directed. Some diseases, such as diphtheria and pneumonia, require its use once each hour, others but four or five times a day. I am now prepared to give my formula to the profession for trial in the treatment of diphtheria and throat and lung diseases, viz:

FORMULA OF BRACELIN'S CHLORIN BACTERICIDE.

Solution No. 1.

Solution Zinc chlorid.....	20 parts.
Solution Arsenic chlorid.....	30 parts.
Hydrochloric acid.....	1 part.
Water.....	49 parts.

Solution No. 2.

Solution chlorinated Soda, Standardized to 2.6 per cent. available.	
Chlorin.....	70 parts.
Corrective.....	30 parts.

Note—The corrective consists of menthol, camphor, eucalyptol and salicylate of methyl dissolved in alcohol and water. It will, I think, require no special argument to convince the profession that so chemically unstable a compound can only be prepared satisfactorily by careful and competent hands, and as already stated, I shall hereafter personally supervise its manufacture for the use of physicians.—P. M. Bracelin, M.D., Chicago.

CORRESPONDENCE.

SAN DIEGO COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the San Diego County Medical Society was held Aug. 7, President P. C. Remondino in the chair.

The paper of the evening was read by Dr. P. S. Leisenring, the subject being "Meddlesome Midwifery."

Prof. C. D. Meigs, of Jefferson Medical College, is the recognized author of the aphorism, "Beware of Meddlesome Midwifery." Cannot this same warning, to-day be repeated with emphasis to the medical profession? No practitioner of careful observation or experience in obstetric practice, can but deplore the course pursued, of late years, by many attendants in the lying-in room. Is it not time to call a halt in what can be termed meddlesome midwifery? Midwifery may be defined: The art of aiding and facilitating the delivery of the child and attending the mother until convalescent. In all this, the closer we observe and follow nature and her teachings, the better for mother and child. The injudicious use of the uterine syringe and curette in obstetric practice has done great injury, if not caused the death of many mothers. The natural and healthy secretions of the uterus and vagina during labor protect the parts from injury, and lubricate them for softening and dilatation for the passage of the child. To interfere with these normal secretions, by frequently washing out the vagina during labor, I consider uncalled for bad practice, and dangerous by removing the protection nature has provided and thus opening the mouths of the absorbents so that any septic poison might be absorbed more readily. After delivery when the uterus has contracted to its then normal condition, the secretions cover the remaining mucous membrane, thus preventing the absorption of septic matter, should any

exist. Injections would wash away this plastic covering, open the bleeding and absorbent vessels, rendering your patient liable to hemorrhage and septicæmia.

The antiseptics, I fear, has run wild, often causing the very thing it was used to prevent or destroy. I am pleased to see that many of our medical writers and teachers are sounding the alarm and advising conservative midwifery.

The unnecessary use of instruments, the injudicious administration of ergot, and failure to properly protect the perineum are causes from which the mother often suffers, that should not occur. Time, patience and care would often save suffering and life in the lying-in room. Our time is not patient's time. No excuse will justify careless or uncalled for hasty action on the part of the accoucheur.

Cleanliness is the best antiseptic, and hot water and pure soap the best antiseptic. The favorable reports from lying-in hospitals no doubt are largely owing to the extreme cleanliness demanded in them.

Crede "expresses his decided convictions in favor of non-meddlesome midwifery, and bases his belief on the critical study of 8,000 puerperal women. He lays stress upon preventing loss of blood, thorough disinfection and cleanliness. Regarding vaginal and intra uterine douches he calls attention to the statement made in so many case histories that the patient's condition became serious *because* of antiseptic vaginal and intra-uterine injections." He does not consider increased body temperature and pulse rate, without decisive symptoms, as indicating disease. He considers it of greatest importance to puerperal women, that their internal organs of generation be left entirely undisturbed for the first eight or nine days after parturition.

Dr. U. P. Manton says, among other words of advice: "That the vaginal douche should not be employed in normal child bed until after the lochia alba has become established, which is usually about the eighth day post partum." Also advises the use of the obstetric lamier.

"That septic infection may take place without fetor. Fetor may occur without sepsis or fever. That the presence or absence of fetor is a very uncertain guide to the presence or absence of sepsis.

"That the vulva and vagina should be first cleansed, and only when this has been done and when real necessity exists should the cleansing be extended to the interior of the uterus.

"Cleanliness is especially next to godliness in the case of the accoucheur. His absence renders one liable to professional homicide. Modern midwifery must not be meddlesome, but must be meddlesome in the sense of palliating suffering, expediting nature's processes by well proven means, and removing all inexplicable, accidental or morbid states and conditions.

"The hand is the best uterine dilator.

Forceps should not be employed until the os is dilated or dilatable, and then only when nature fails to effect the delivery.

Bimanual aid in effecting the delivery of the placenta is both proper and advisable.

Dr. Gochenaur: There are few medical subjects that would ordinarily be likely to provoke a greater diversity of opinion than the one just presented. The writer has treated the subject in such a thorough manner that but little room is left for criticism. I fully concur with the views of cleanliness in the lying-in room, and the doctor's method of supporting the perineum in all cases is commendable. I believe if physicians generally would follow the doctor's methods that operations for repairing the perineum would seldom occur. The paper as a whole is a most praiseworthy effort and reflects great credit on the writer.

Dr. Doig: I like the paper very much. I have never used douches previous to confinement; they leave the mucous membrane dry. As to the use of douches afterward, I insert the instrument only an inch or two and wash very gently after twenty-four hours. I am a firm believer in the use of the forceps when needed.

Dr. Lottie Park: It seems to me that a hot injection or sitz bath gives great comfort at the commencement of labor.

Dr. Hearne: I cannot add to the paper and only rise to compliment the doctor. I graduated twenty-five years ago under Dr. Wallace, of the University of Pennsylvania, who taught absolute non-interference in natural labor. I do not use douches at all. Seven out of ten women in labor do not need a doctor at all.

Dr. Parker: I enjoyed the paper very much; the only omission of importance was that of the use of anesthetics in labor, a thing that is abused very much. The use of douches before labor are not called for. After labor should not be used for a week without a cause. I see no objection to shaving the pubis.

The following preamble and resolutions presented by a committee previously appointed to investigate certain reports relative to the grievances of trained nurses was unanimously adopted and ordered published:

WHEREAS, As a number of trained nurses from the training schools of Philadelphia and Baltimore have been induced to come to San Diego on the representation that they could find employment that would pay them from twenty to twenty-five dollars per week, and

WHEREAS, After coming here they have not found such work nor such wages, but have been obliged in some cases to procure money from their friends or relatives in the East, so as to enable them to return home; therefore, be it

Resolved, That we state for the information of such as may hereafter be likely to fall victims to like misrepresentations, that the profession of nursing is now greatly overstocked, and that at no time has any demand or such opportunities existed for trained nurses as represented, and be it further

Resolved, That to prevent such nurses from being imposed upon, that we advise nurses to make specific arrangements with respectable parties before coming on any promises.

T. L. MAGEE, Secretary.

MARION-SIMS COLLEGE OF MEDICINE.

WHEREAS, Dr. I. N. Love has found it incumbent on him to sever his connection with the Marion-Sims College of Medicine, the members of the Faculty of that institution embrace this occasion to express their appreciation of his past services, and to extend to him their hope that in all his future connections he will find both pleasure and profit.

COMMITTEE. { B. M. HYPES,
R. C. ATKINSON,
C. BARCK.

THE fifteenth annual announcement of the New York Post-Graduate Medical School and Hospital has just been issued. Five hundred and forty-two physicians from all over this continent have attended the courses at the institution during the past year. More than one thousand operations were performed in the hospital, which is one of the largest in the city, containing special wards for babies and children, while nearly twenty thousand patients were treated in the out-door department. Recent discoveries have revolutionized medical and surgical methods, and a man whose medical education ended fifteen years ago is not a physician or surgeon within the present meaning of the term. Post-graduate medical instruction is for the purpose of furnishing to these graduates in medicine a means of refreshing their knowledge. It supplies them with the opportunity of coming in direct contact with disease by means of special courses in all the departments of medicine.



NAPA SODA SPRINGS, AND CASTLE FRANKLIN



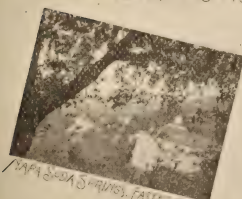
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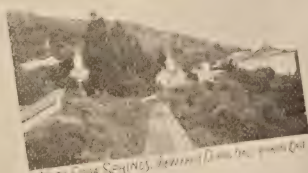
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JACKSON'S NAPA SODA SPRINGS—The Home of Napa Soda Mineral Water.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

THE ETHER CONTROVERSY.

In a short time the semi-centennial of the discovery of ether anesthesia will be celebrated. Any facts throwing light upon the subject will be especially pertinent, hence we publish this month an unusually interesting historical communication on the ether controversy. This article states very briefly Dr. Jackson's side of the case. From it it appears that Jackson was the Columbus and Morton the Amerigo Vesputius of anesthesia. Morton would never have ventured on an unknown sea, had not Jackson sailed before him. The verdict of the French Academy is eminently fair. "We have arrived at the conclusion that there are in this discovery of etherization two distinct things which were produced successively: One of which belongs to M. Jackson, the other to M. Morton. M. Jackson had remarked that some individuals, on account of having remained during a certain time exposed to the action of ethereal vapors, had been, for the time, deprived of all sensibility. This is the physiological fact. M. Jackson verified it upon himself. Later, M. Morton succeeded several

times in performing, without pain, the extraction of teeth from certain persons who had previously submitted to the inhalation of ethereal vapor. Moreover, he prevailed upon certain surgeons of the large hospitals of Boston to have recourse to the same means in the practice of large operations. Here is anesthesia rendered useful, applied. The discovery thus received its complement. M. Jackson and Morton were necessary one to the other. Without the opportunity, the devotion to one idea, the courage, not to say audacity of M. Morton, the observation of M. Jackson might have remained a long time unapplied; and without the fact observed by M. Jackson, the idea of M. Morton might have been sterile and without effect." In brief the above verdict is that to Jackson belongs the honor of the discovery of etherization and to Morton the application of this discovery to surgical operations.

ALL HAIL! SANTA CLARA!

The physicians of Santa Clara county irrespective of schools have united almost unanimously against one of the most pernicious evils of the time. They have adopted and signed the following resolutions:

WHEREAS, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession. We, the undersigned physicians and surgeons of Santa Clara, California, enter into the following agreement:

FIRST—We mutually, jointly, and individually, pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

SECOND—We will not render medical or surgical services to the members of the above mentioned bodies for less compensation than we charge the general public for similar services.

THIRD—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above mentioned bodies.

FOURTH—These pledges shall take effect and be in force for a term of three years from and after May 22, 1896. This agreement shall not apply to hospitals and purely public charitable institutions.

The above agreement was signed by sixty-nine regulars, fourteen homeopaths and five eclectics. In the city of San Jose five out of every six physicians entered into the compact. This is a very strong showing. Let the Los Angeles doctors now do the same, and the lodge politician will be compelled to take a back seat. Let all the

respectable practitioners unite, and the so-called free medical attendance will be tabooed. Let none think it beneath his dignity to raise the professional standing of this city.

EVILS OF SUBSTITUTION.

When will druggists learn that substitution is an evil—say rather a crime akin to passing a counterfeit bill? There are certain firms who have spent a great deal of time and money in making efficient preparations, and it is a triple wrong for any one to give a home-made or inferior article when preparations are specified. We had occasion not long since to speak to a well known local druggist on this point, and cited two instances in proof of substitution. He stated that there was sometimes a source of dissatisfaction which arose by the patient asking for a preparation and not presenting the prescription. Suppose, for instance the doctor prescribes *Fairchild's Essence of Pepsine*, and the patient calls for essence of pepsine, he will in all probability get a home-made and cheap article. This impressed us with the necessity of insisting that the patient present the prescription. The far greater amount of substitution, however, is intentional—and invariably of a cheap article for some well known preparation. We know of no way of crushing out this evil but by refusing to patronize druggists who are guilty of substituting.

EDITORIAL NOTES.

DR. W. H. FALES has also entered the ranks of the Benedicts. The PRACTITIONER extends its best wishes.

DR. M. L. MOORE has gone East for a month of rest and recreation, and while there will place his son, Clarence, in school.

DR. J. E. COWLES has returned from a three months' Eastern trip with health restored and has resumed professional work.

THE third annual meeting of the American Academy of Railway Surgeons will be held in Chicago, Sept. 23, 24 and 25, 1896.

At a meeting of the Pasadena Medical Society, July 31, Dr. Chapin, of Altadena, read an interesting paper on the "Doctor in the Army."

DR. J. W. TRUEWORTHY has returned to the city after a vacation of several weeks, or rather a honeymoon trip, he having been married in Kansas in July.

DR. I. B. HAMILTON has sold his practice at Congress, A. T., to Dr. John Dennett, Jr., and returned to Los Angeles for the practice of his profession.

DR. J. H. DAVISSON has been delegated to represent the State Board of Health at the Pan-American Medical Congress, held in the City of Mexico, Nov. 16-19, 1896.

DR. K. D. SHUGART, after two years almost continuous absence from home, superintending the Rose mine, has returned and resumed the practice of his profession at Riverside.

DR. GEO. B. ROWELL, of San Bernardino, will read a paper at the second Pan-American Medical Congress, on "Tuberculosis: its prognosis and treatment in Southern California."

THE ninth annual meeting of the American Association of Obstetricians and Gynecologists will be held in Richmond, Va., Sept. 22-24, 1896. A program of great interest is promised.

ST. LOUIS furnishes the profession with a new journal, the *Laryngoscope*—a monthly publication devoted to diseases of the nose, throat and ear, edited by Frank M. Rumbold and M. A. Goldstein. It is intended both for general practitioners and specialists.

DR. W. V. WHITMORE, of Tucson, Ariz., is spending a month in Southern California and made us a pleasant call. The doctor is well pleased with the climate and business advantages of his location; he is assistant division surgeon of the S. P. R. R. and associate county physician.

MOODY'S Magazine of Medicine is the title of a neat journal, the first issue of which was published in August. Dr. Ralcy H. Bell is editor. It is illustrated. The nude figure in the picture, "a lazy day," looks very serene for a woman lying on the bare ground. We can't help wishing she had a blanket to lie on. The journal will not be a dull one, judging from the initial number.

At a recent meeting of the Faculty of the Kentucky School of Medicine the following appointments were made:

Dr. Louis Frank, Lecturer on Clinical and Operative Gynecology; Dr. Henry E. Tuley, Lecturer on Obstetrics; Dr. Carl Weidner, Lecturer on Physiology; Dr. W. Ed. Grant, Lecturer on Anatomy; Dr. Ewing Marshall, Lecturer on Physical Diagnosis; Dr. T. C. Evans, Lecturer on Ophthalmology, Otology and Laryngology.

THE sixth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday and Wednesday, Sept. 29th and 30th, and Thursday, October 1st, 1896, in Boston, Mass. Prof. A. E. Dolbear, Tufts' College, Mass., is the Chairman of the Committee of Arrangements; Dr. W. H. White, 222 Marlborough street, Boston, Mass., Vice-Chairman, and Dr. Frederick H. Morse, Melrose, Mass., Chairman of the Committee of Exhibition. This meeting promises to be a greater success than any former one. Many candidates of national

reputation are proposed for membership, so that the amendment to increase the limit of members becomes a necessity. The best talent has already announced papers, a larger number than ever before, at this early date; material almost sufficient to make a program for the session of unusual interest. There will be two discussions of importance in electro-therapeutics, interesting reports of all standing committees, several scientific lectures on the first evening, with demonstrations and stereoscopic views (including the Roentgen X Rays, and electric principles in the treatment of diseases), given by eminent talent. The exhibition promises to be a good feature, and of more usual interest.

THE date of the meeting of the Mississippi Valley Medical Association has been changed to Sept. 15-18 in order to allow members the opportunity accorded by this change to make a tour through Yellowstone Park. The excursion will leave St. Paul Sept. 18th, returning Sept. 27th. All members desiring to join the party should send their names to Dr. C. A. Wheaton, St. Paul.

BOOK REVIEWS.

THE NEWER REMEDIES. A Reference Manual for Physicians, Pharmacists and Students. By Virgil Coblentz, A.M., Phil. D. F. C. Society, Professor of Pharmacy and Pharmaceutical Chemistry in the New York College of Pharmacy, etc. Second Edition. Revised and enlarged. New York: D. O. Haynes & Co. 1896.

This is an excellent condensation of the sources, methods of preparation, tests of identity, solubilities, incompatibles, medicinal properties and doses of the newer remedies, whether proprietary or official. It does not pretend to deal with physiological action or clinical data for which the physician must look to other sources.

A COMPEND OF GYNECOLOGY. By Wm. H. Wells, M.D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Late Assistant Demonstrator of Clinical Obstetrics in the Jefferson Medical College, Philadelphia, etc., with 150 Illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1896. 80 cents.

We are very favorably impressed with this compend; it is a condensed abstract of the writings of the best authorities on the subject compiled by a practical teacher. It is unusually well illustrated, both as to number and fitness of the illustrations. The old useless style of question and answer has been dispensed with, and direct, concise description takes its place.

THE THREE ETHICAL CODES. That of the American Medical Association; Its Constitution, By-Laws, Amendments, etc. That of the American Institute of Homeopathy and that of the National Eclectic Medical Society. Limp cloth, round corners, 55 pages, postpaid 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

By comparing the Code of the Homeopathic Society with that of the American Medical Association, it will be found that several sections of the former are similar to the latter's code. The Eclectic Code is worthy of mention for its brevity.

It would be well for the profession and for the laity if they were familiar with the Code of Ethics of the American Medical Association. It is ridiculed by some who are unfamiliar with its regulations, but it is as important to the physician as the bible is to the Christian, and like the bible is criticised most by those who

never read it. Hence we think that this book ought to have a wide circulation among both the friends and foes of the code.

A COMPEND OF DISEASES OF CHILDREN. ESPECIALLY ADAPTED FOR THE USE OF MEDICAL STUDENTS. By Marcus P. Hatfield, A.M., M.D., Professor of Diseases of Children, N. W. V. Medical School, Physician to Wesley Hospital, Home for crippled Children, Chicago Orphan Asylum, etc., etc. Second Edition. Thoroughly revised with a Colored Plate. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1895. 50 cents.

This book is a condensation of lectures delivered at the Chicago Medical College, and hence would naturally be especially adapted for the use of medical students. Its scope can readily be judged from its table of contents.

1. Anatomy and Physiology. 2. Physiological and Traumatic Accidents of Birth. 3. Malformations and Diseases of the Navel. 4. Care of New-born and Diseases from Malnutrition. 5. Acute Infectious Diseases. 6. Endemic Infectious Diseases. 7. Diseases of the Nervous System. 8. Diseases of the Respiratory System. 9. Diseases of the Digestive Apparatus. Diseases of children are too apt to be neglected by the student, but next to obstetrics he will find in practical medicine that this branch will be that which most takes up his attention in after life. Hence all that can add to his knowledge of this department ought to be welcomed. This is a valuable compend.

INFANTILE MORTALITY DURING CHILD-BIRTH AND ITS PREVENTION.

By A. Brothers, B.S., M.D., Visiting Gynecologist to Beth Israel Hospital, New York; Attending Gynecologist to the New York Clinic for Diseases of Women, etc. William Furness Jenks Prize Essay of the College of Physicians of Philadelphia. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1896. \$1.60.

The author in his introductory remarks states that it is in obstetrics that the greatest amount of carelessness and ignorance prevails. He asks who are the midwives in this country? He gives three classes: (1) Ignorant old women; (2) egotistical foreigners; (3) home product, of these latter he says: "Graduated from private schools founded by physicians, with strong business instincts, but little professional standing, these women, after a short course of doubtful instruction, are thrown upon a gullible and little suspecting public to ply their calling, and we, the medical profession, stand calmly by and see human lives sacrificed by the score without almost a single protest." Hear him! This is an essay that ought to be read by all, especially since 10 per cent. of the children born die before reaching the age of one month, and this mortality is largely due to incompetence and ignorance.

OBSTETRIC ACCIDENTS, EMERGENCIES AND OPERATIONS. By L. Ch. Boislumiere, A.M., L.L.D., late Emeritus Professor of Obstetrics in the St. Louis Medical College, etc. Profusely illustrated. Philadelphia: W. B. Saunders, 925 Walnut street 1896. \$2.

In the preface the author says: "This book is not a treatise on midwifery nor a manual of obstetrics, of which there are excellent ones already written. It is intended for the use of the practitioner, who when away from home has not the opportunity of consulting a library or of calling a friend in consultation. He is then thrown upon his own resources, and will find this book of benefit in guiding and assisting him in emergencies."

We are of the opinion that if books like this were in the hands of some incompetent physicians it might help them to have at least a smattering of sense. On page 66 there is an account of an error made by two ignorant men who mistaking the bowel for a prolapsed cord cut off three feet of it!

Rumor has it that in a town not a thousand miles from here there was a physician five times as big a fool if length of intestine incident is a criterion. Of course modern students would never do such an egregious blunder, but this fact

emphasizes the necessity of having every one familiar with the unusual so that intestines prolapsing through a torn womb may not be called a prolapsed cord.

This book is finely illustrated, deals with obstetric emergencies in a pointed, concise, sensible and thorough manner, which is just what the practical man wants. A good obstetrician is he who knows and dares to do the very best for his patients. Symphyseotomy is thus commended. (P. 314.)

"We must conclude by saying that a return to symphyseotomy is a marked progress, but this progress is due in a great measure to the observance of strict antisepsis. * * It ought to be performed frequently in maternities and in private specialist practice, and should be preceded by accurate pelvimetry."

On page 168 it strongly, and we believe rightfully, advocates blood letting as the treatment for puerperal eclampsia.

His directions as to the use of the forceps are clear and reasonable. The whole book is one which inculcates "a cool head and a stout heart." The motto evidently being:

"Every pilot

Can steer the ship in calms, but he performs
The skilful part who manages it in storms."

The reviewer having seen, in the short space of a month, a transverse presentation, a case for forceps, post partum hemorrhage, and puerperal eclampsia, has come to the conclusion that the unusual is very common, and hence a book on puerperal emergencies is a good thing to have.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX.

Fourteenth year. 1895. Published by E. B. Treat, New York and Chicago. \$2.75.

Treat's Annual this year presents the careful editorial work of thirty-seven representative collaborators from France, Germany, India, Great Britain and the United States. Covering the vast range of medical literature for 1895, it is admirably condensed; and the attractive volume might very properly have been designated a hand-book. The general index is of the best, while throughout the body of the work the printing of titles in heavy caps on the top and side of every page renders reference easy, and consultation a pleasure. We have found in it more satisfactory treatment of some themes than in works of greater dimensions purporting to cover the same territory. The inexpensiveness of the book is a defiance to the hard times.

The July (1896) number of *The Alienist and Neurologist* contains: "The Anastomoses Between the Spinal Accessory and the Vagus," by Drs. D. Mirto and E. Pusateri; "Some Current Errors Regarding Insanity," by Arthur E. Mink, M.D.; "A Case of Chronic Adult Chorea, with Pathological Changes Similar to those of General Paresis," by E. D. Boudurant, M.D.; "A Note on the Treatment of Sexual Inversion," by Havelock Ellis, M.D.; "The Advancement of Psychiatry in America and the Relation of Psychiatry to General Medicine," by Edward Cowles, M.D.; "Abuse of the Bromides," by Harriet C. B. Alexander, B.A., M.D.; "An Ataxic Paranoic of Genius," by Jas. G. Kiernan, M.D.; "Hysterical Analgesia," by C. C. Hersman, M.D.; "State Care and State Maintenance for the Dependent Insane in the State of New York," by Carlos F. MacDonald, A.M., M.D.; "Nervous Shock and Disease of the Nervous System as a Cause of Pernicious Anemia," by James Herrick, M.D.; besides the usual Selections, Editorials, Review, Book Notices, etc. C. H. HUGHES, M.D., Editor. Subscription: \$4 per annum; single copies, \$1.50. 3857 Olive street, St. Louis, Mo.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

July, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,684.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Angels	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes.....	91	11.28	55	39	25	10	34	27	89	4	3	
Deaths under 5 years.....	43											
i. Specific infectious diseases.....	14	1.68	4	10	11	1	1	1	14			
ii. Diseases of the digestive system.....	17	2.04	7	10	8	2	5	2	16	1		
iii. Diseases of the respiratory system.....	25	3.00	13	7	5	4	7	9	24		1	
iv. Diseases of the nervous system.....	3	.36	3				1	2	3			
v. Diseases of the circulatory system, blood and ductless glands.....	9	1.08	4	5	1	5	3	8	1			
vi. Diseases of the genito-urinary organs.....	2	.96	6	2	1	1	3	3	7		1	
vii. Constitutional diseases.....	2	.24	2				2	2	2			
ix. Intoxication, violence, accidents.....	10	1.20	7	3		1	5	4	9		1	
ix. Miscellaneous diseases.....	6	.72	4	2			3	3	6			
i. Septicæmia.....	1	.12										
Pyæmia.....	1	.12		1				1	1			
Diphtheria.....	2	.24		2	2				2			
Erysipelas.....	1	.12	1		1				1			
Typhoid fever.....	2	.24		2	1		1		2			
Malarial fever.....												
Scarlet fever.....												
Measles.....	1	.12		1	1				1			
Pertussis.....												
Cerebro-Spinal Meningitis.....												
Meningitis.....	5	.60	3	2	5				5			
Tuberculosis.....	1	.12		1		1			1			
Influenza.....	1	.12		1	1				1			
Dysentery.....												
Syphilis.....												
Tetanus.....												
ii. Gastritis.....	1	.12		1				1	1			
Gastro-enteritis.....	3	.36	2	1	2	1			2	1		
Cholera infantum.....	2	.24	1	1	2				2			
Peritonitis.....	3	.36		3		1	1	1	3			
Enterocolitis.....	2	.24	1	1	2				2			
Appendicitis.....	1	.12	1				1		1			
Enteritis.....	2	.24	1	1	1		1		2			
Intestinal obstruction.....	1	.12					1		1			
Diseases of the liver.....	2	.24	1	1	1				2			
iii. Asthma.....	1	.12		1				1	1			
Bronchitis.....	1	.12		1				1	1			
Pneumonitis.....	1	.12	1					1	1			
Membranous Croup.....	1	.12	1		1				1			
Phthisis.....	21	2.52	15	6	1	1	6	7	20		1	
Consumption.....												
iv. Diseases of the brain.....	3	.36	3				1	2	3			
Diseases of the spinal cord.....												
Eclampsia.....												
Epilepsy.....												
Neurasthenia.....												
v. Diseases of the heart.....	8	.96	3	5		1	5	2	7	1		
Degeneration of the arteries.....	1	.12	1					1	1			
Pericarditis.....												
Endocarditis.....												
vi. Uraemia.....	2	.24	1	1	1				2			
Chronic Bright's disease.....	2	.24	2					2	1		1	
Nephritis.....	3	.36	2	1			3		3			
vii. Rheumatism.....												
Gout.....												
Diabetes.....	1	.12	1					1	1			
Inanition.....	1	.12	1					1	1			
Senility and Asthenia.....	1	.12	1				1		1			
viii. Alcoholism.....	1	.12	1					1	1			
Opium habit.....												
Suicides.....	4	.48	2	2			3	1	4			
Violence and accidents.....	5	.60	4	1		1	2	2	1			
ix. Tumors—malignant.....	3	.36	3				2	1	3			
Tumors—non-malignant.....												
Other diseases.....	3	.36	2	1			1	2	3			

F. W. STEDDOM, M. D., Health Officer

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of July, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	79	50	68	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 29.94. Highest pressure, 30.06, date 23. Lowest pressure, 29.76 date 12. Mean Temperature, 71°. Highest temperature 92°, date 13. Lowest temperature 54°, date 28. Greatest daily range of temperature 30°, date 31. Least daily range of temperature 12°, date 5.
2	82	54	68	0	
3	80	58	69	0	MEAN TEMPERATURE FOR THIS MONTH IN
4	76	59	68	0	
5	71	59	65	.02	1876 1883 73° 1890 73°
6	78	58	68	T	1877 1884 73° 1891 74°
7	79	60	70	0	1878 70° 1885 72° 1892 68°
8	82	61	72	0	1879 69° 1886 72° 1893 70°
9	83	63	73	0	1880 65° 1887 72° 1894 67°
10	86	62	74	0	1881 72° 1888 73° 1895 68°
11	81	61	71	0	1882 71° 1889 71° 1896 71°
12	80	60	73	0	Mean temperature for this month for 20 years, 71°
13	92	63	78	0	Average excess of daily mean temp. during month, 0.3°
14	89	63	76	0	Accumulated excess of daily mean temp. since Jan. 1, 243°
15	88	64	76	0	Average daily excess since January 1, 1°
16	87	62	74	0	Prevailing direction of wind, West.
17	86	62	74	0	Total movement of wind, 271 miles.
18	82	64	73	0	Maximum velocity of wind, direction, and date, 15m, W. 30.
19	77	61	69	0	Total Precipitation, .30 inches.
20	82	63	72	0	Number of days on which .01 inch or more of precipitation fell, 1.
21	79	63	71	T	Mean Dew Point, 66°
22	84	66	75	0	Mean Relative Humidity, 79 per cent.
23	84	64	72	0	TOTAL PRECIPITATION FOR THIS MONTH IN
24	70	60	68	0	1879 ..... .00 1883 T 1891 T
25	78	62	70	0	1880 T 1886 ..... .24 1892 ..... .00
26	76	61	68	0	1881 ..... .00 1887 ..... .07 1893 ..... .00
27	76	57	66	0	1882 ..... .00 1888 ..... .03 1894 T
28	78	54	66	0	1883 T 1889 T 1895 T
29	79	54	66	0	1884 ..... .00 1890 ..... .00 1896 ..... .02
30	85	57	71	0	Average precip'n for this month for 20 years, .02.
31	88	58	73	0	Total deficiency in precipitation during month, .00 inches.
Mean	82	60	71	0	Accumulated deficiency in precip'n since Jan. 1, 4.49 inches.
					Number of clear days, 9.
					" partly cloudy days, 19.
					" cloudy days, 3.
					Dates of Frost, Light, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JULY, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	71.	92.	54.	29.94	70.	1	.02	9	10	3	W	2,711
San Diego	69.	80	50	29.96	70	0	T	10	7	5	N W	3,849
Santa Barbara	69.9	80.	57.	...	70.	1	.40	20	7	4	W	3,143
Yuma	61.	110	68.	29.78	45	2	.41	25	3	3	S W	5,123
Arlington Heights	70.0	102	52.	...	69	1	0.01	29.	2	0	W	...
Ontario	70.0	100.	62.	...	...	...	0.02	...	...	...	W	...
Pasadena	73.0	100.	60.	...	...	0	.0	...	...	...	W	...
Redlands	82.3	104	58.	...	...	0	.0	...	...	...	W	...
San Bernardino	77.0	103.	49.	...	...	0	.0	22	7	2	W	...
Santa Ana	78.8	95.	62.	...	...	0	.0	...	...	...	W	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

OUR ADVERTISERS.

COD-LIVER OIL IN SUMMER DIARRHEA AND CHOLERA INFANTUM.

BY JOSEPH L. BAUER, M.D., ST. LOUIS, MO.*

It is not my purpose to place cod-liver oil in the all saving armory of medicinal aids, nor is it necessary to exaggerate its properties in order to emphasize its utility in many cases of the disease I am considering. I am aware of the fact, unfortunate though it be, that we must look for its panegyric to the authorities of a past decade. Like many valuable adjuncts, it has, to a certain extent, been misplaced by the novelties of an experimental age, yet it has virtue of superior quality which leads to prompt response, if applied at the proper time, in proper manner and effective quantity.

In presenting a good word for an old remedy, I call to mind the case of one of my children, that proved extremely susceptible to the influence of inclement weather of her second summer. Diarrhea and vomiting had reduced her to a skeleton, despite the most painstaking nursing, hygiene and artificial feeding of varied character; indeed, almost the entire category of remedies had been exhausted, when I requested the aid of a neighboring physician. I was asked if I had tried small doses of cod-liver oil, often repeated, or if I had ever massaged children with cod-liver oil. I responded that I had a deep-rooted prejudice against the vile stuff, but would waive the feeling if he advised the treatment. For a period of three weeks this treatment was pursued zealously, without the intervention of any other remedy, and the most successful result achieved. Since this time, I have made frequent use of the remedies in cases characterized by rapid and sustained debility, and have found that its advantages are signal and permanent.

The objection to cod-liver oil lies in its taste and general defectiveness of the average emulsion of the drug. Through the energies, however, of Mr. Hagee, of this city, the profession has secured a cordial of the oil, containing all the essential ingredients, less the offensive one (the grease), and thus giving us a therapeutic aid in convenient and palatable form, against which no possible objection can be raised. The usual dose to an infant child is a half teaspoonful every two or three hours.

*Late Professor of Genito-Urinary Surgery Materia Medica and Therapeutics.

A HIGH REPUTATION SUSTAINED.

The Medical Times and Hospital Gazette, London, May 30th, 1896, speaks so favorably of its experience with the American analgesic, antipyretic and anodyne, a preparation the medical profession has become accustomed to regard as one of the certainties of medicine, that we print below its words of approval, knowing them to be in accordance with the consensus of opinion as expressed by the medical men in this country. "Antikamnia—under the above name, a free translation of which is 'opposed to pain'—now being introduced to the profession in the United Kingdom is an analgesic, antipyretic, and anodyne drug, which has already gained a high reputation in the United States. It is a coal-tar derivative, and belongs to the series which form the various amido compounds. It differs therapeutically, however, from most coal-tar products in producing a stimulating, instead of a depressing action on the nerve centers, especially those acting on the heart and circulatory system; hence, it may be administered, even in large doses, without fear of producing collapse and cyanosis, as occasionally occurs after the administration of antipyrin and other similar analgesic compounds. It has been very largely used in influenza, hay fever and asthma, with good results; but its most markedly beneficial effects are experienced when administered in neuralgia, rheumatism, sciatica, headache and pain due to disorders of menstruation. As an antipyretic, it is recommended to be given in doses of from five to ten grains every ten minutes, until the temperature has been reduced, or until forty or fifty grains have been taken, after which the remedy should be given at intervals of greater length. To relieve pain it is recommended to be given with a five grain dose; three minutes later the same dose to be repeated, and, if the pain continues, a third dose to be given a few minutes after the second. In our practice we have not found it necessary to give the remedy at such short intervals. In the treatment of neuralgia and headaches we have had satisfactory

results from giving five-grain doses at intervals of ten to twenty minutes, until three or four doses have been taken. We may add that the drug is sold in tablets (three and five grain sizes) as well as in the powdered form. The former may be swallowed whole, or crushed and dissolved in glycerine and water, or in an alcoholic menstruum. The powder is conveniently given in cachets, or dissolved in a little wine or aromatic tincture, combined with glycerine or syrup. The drug is deserving of trial, and those among our readers who have not yet tested it should write for a sample."

SEE advertisement (page 17) of the St. Helena Sanitarium Health Foods, unequaled in the qualities which have given them a world-wide reputation. They are palatable, as well as healthful and thoroughly genuine.

SLEEPLESSNESS.

In the use of sedatives we must be cautious and not use them *ad libitum*. The writer in a paper on "Sedatives in the Treatment of Insanity" (1892, *Hospital Bulletin of Minnesota*), said, "Each case is a 'law unto itself,' and as such requires patient and persistent study ere we commit the folly of giving a hypnotic, when more simple and efficacious methods would produce satisfactory results." You cannot cure sleeplessness by drug treatment; the drugs simply conserve nervous energy and act as valuable assistants to the building-up process, necessary to cure the sleeplessness. Sedative act, as before stated, by placing the patient in a position to go to sleep, and nature does the rest.

In our experience we have learned to rely upon the bromides, choral, cannabis indica and hyoscyamus as sedatives, which, if judiciously used, bring order out of chaos. The bromides lower the sensibility of the brain, and thus promote sleep. The single salts can be used, but in the writer's experience, where a sedative is indicated in sleeplessness, it is better to combine them, and when there is any excitement, add chloral. Cannabis indica is a sedative which is but little used by the general practitioner, and for the reason that it is misunderstood, misrepresented, and as a result never used as it should be. Clouston, Mathison and Echeverria have taught us their value. Hyoscyamus is another sedative, the value of which is not appreciated, a drug which is endorsed by Budde, Brush, Krafft-Ebing as a hypnotic. Now, these valuable sedatives, when combined, give us a thoroughly reliable and satisfactory agent, with which to treat sleeplessness, and in the writer's experience no more elegant or reliable preparation is before the profession than that of the Bromidia, in which is combined in proper proportion, the bromide of potassium, chloral hydrate, hyoscyamus and cannabis indica. We feel that the profession can always rely upon this combination, and find it especially useful in the treatment of sleeplessness.—*The Medical Fortnightly*.

OBESITY AND RHEUMATISM IN SUMMER.

The heavy-weight, of all others, has just cause for complaint in hot weather. The summer months with their excessive heat, by producing free diaphoresis, tend somewhat to reduce the weight, but the lethargy and vital depression incident to this season, on the other hand, limit the normal amount of exercise and thereby tend to offset this effect. At this season of the year, the fat person suffers. His condition predisposes him to rheumatism and gout. For such people Phytoline is a boon. Aside from its fat absorbing and eliminating qualities it it meets his rheumatic and gouty symptoms as nothing else does. Recent experience shows that Phytoline, combined with Salicylate, with or without the addition of potassium iodide, as the case may require, is unexcelled in this condition.

A reliable formula is the following:

Phytoline	2 oz.
Sodi Salicylatis	2 oz.
Aquae Destillatae	6 oz.

M. Sig: A teaspoonful every three hours.

The addition of potassium iodide is frequently useful, especially if there has been a history of specific infection.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XI.

LOS ANGELES, SEPTEMBER, 1896.

No. 9

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ORIGINAL.

A STUDY OF ANESTHESIA.³²

BY F. D. BULLARD, A.M., M.D., LOS ANGELES, CAL.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, COLLEGE OF MEDICINE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA.

[Continued from last month.]

TABLE I—ETHER.

A. Primary anesthesia in dentistry, seventeen cases, all adults. Time of induction three and one-half minutes, six and two-thirds drachms used, and time before recovery eleven minutes.

B. Ether preceded by chloroform, eighteen cases (minor cases ten, laparotomies five, rectal cases three.) Time going under five minutes, ten seconds. Amount used three ounces, four drachms. Length of operation, fifty-six minutes, twenty seconds. Reasons for using chloroform: resistance two, request seven, nervousness nine.

C. Complete anesthesia by ether.

Operation.	No.	Going under.	Amount used.	Time of operation.
Laparotomies	58	4 m. 50 sec.	4 oz. 30 m.	1 hr. 10 m.
Minor gynecology . .	52	5 m. 7 sec.	3 oz. 5 dr. 40 m.	52 m. 11 sec.
Minor operations . . .	17	6 m. 7 sec.	2 oz. 7 dr. 20 m.	33 m.
Rectal.	16	7 m. 11 sec.	3 oz. 6 dr.	40 m. 18 sec.
	143	5 m. 21 sec.	3 oz. 7 dr. 13 m.	58 m.

TABLE II.

Difficulties encountered in one hundred and sixty Etherizations.

* Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society, held at Pomona, Cal., June 10 and 11, 1896.

A.	In the Induction of Anesthesia.....	11 cases	11 $\frac{1}{4}$ per cent
1.	Excitement.....	3 cases	1 $\frac{7}{8}$ per cent
2.	Slight coughing.....	4 cases	2 $\frac{1}{2}$ per cent
3.	Hard to keep evenly anesthetized.....	4 cases	2 $\frac{1}{2}$ per cent
4.	(Unable to use ether, not in the above tables)...	3 cases	1 $\frac{7}{8}$ per cent
B.	Respiratory Difficulties.....	7 cases	4 $\frac{1}{8}$ per cent
1.	Asphyxia due to mucus plug.....	1 case operation interrupted	
2.	Some dyspnea from mucus.....	3 cases operation not interrupted	
3.	Slow and hard breathing.....	3 cases operation not interrupted	
C.	Collapse.....	4 cases	2 $\frac{1}{2}$ per cent
1.	After operation and return to consciousness.....	1 due to ether	
2.	After operation and before return to consciousness.....	1 due to cachexia	
3.	During operation due to hemorrhage.....	1 operation stopped	
4.	During operation due to hemorrhage.....	1 operation not stopped	
D.	Vomiting.....	28 cases	17 $\frac{1}{2}$ per cent
1.	During operation.....	3 cases	1 $\frac{7}{8}$ per cent
2.	After operation.....	25 cases	16 $\frac{7}{8}$ per cent
	Excessive.....	5 cases	3 $\frac{1}{8}$ per cent
	Considerable.....	8 cases	5 per cent
	Some.....	12 cases	7 $\frac{1}{2}$ per cent
The cases of vomiting during operation were all uterine curettement.			
E.	Other Sequelæ.....		
1.	Violent intoxication during recovery.....	4 cases	2 $\frac{1}{2}$ per cent
2.	Slow recovery.....	3 cases	1 $\frac{7}{8}$ per cent
3.	Mania (in one week).....	1 case	$\frac{5}{8}$ per cent

Of these difficulties three were dangerous complications, due, in part at least, to the anesthetic, one was asphyxia, and two syncope. Below are given the details of these cases:

I. Female, 40, underwent operation for rectal abscesses, six minutes going under, four ounces of ether used, and operation one hour and a quarter long. Patient had a cold, with nostrils stopped up. Some twenty minutes after the beginning of inhalation the patient *suddenly* quit breathing, although the chest walls moved considerably. Inversion and artificial respiration were resorted to, and there was expelled a muco-purulent plug that had evidently fallen into the trachea from the post nasal space. The operation was continued with no more complications.

II. Female, 32, sustained an operation for curettement of the uterus, five minutes going under, operation one-half hour long, three ounces of ether used. Patient vomited slightly both on going under and on coming out from the influence of the ether. One hour *after return to consciousness* patient complained of feeling cold, and went into a dangerous collapse, the pulse disappearing at the wrist, and the respiration dropping to seven per minute. Warmth and the usual restoratives brought about a complete recovery in about an hour. How much of this shock was due to the ether, and how much to the operation the author does not know. Neither was such as to lead one to expect such a sequel. But in either event it emphasizes very strongly the necessity of watching the patient for some time after return to consciousness, no matter how trivial the operation and how small the amount of anesthetic given. The flagging of the pulse demands strychnine or digitaline as a preventive of syncope, and if there be the slightest symptom of weakening at the close of the operation it is well to give a dose of strychnine.

III. Male, 45, very much jaundiced, was operated upon in the hope of removing biliary obstruction. Operation revealed cancer of the liver, and nothing was done. Patient went under the anesthetic nicely, took about two ounces, and was

on the operating table only half an hour; soon after removal to bed, before return to consciousness, had collapse, which however, promptly yielded to artificial respiration and strychnine.

TABLE III—CHLOROFORM.

A. Children, 13 cases (male 7, female 6), average age 5 years.

I. Chloroform alone, 11 cases.

Operation	No.	Going under	Length	Amount
Circumcision	3	2 m. 40 s.	20 m.	1 drachm.
Face Operations.	4	2 m. 45 s.	25 m.	1½ drachms
Miscellaneous	4	3 m. 45 s.	18¾ m.	50 drops
	11	3 m. 9 s.	21 m. 36 s.	1 dr. 8 m.

II. Chloroform to ether, 2 cases.

Operation	Going under	Time	Ether	Chloroform	Age
Tenotomy	6 m	½ hr.	3 oz.	1½ drachms	5 years
Removal of Sarcoma.	6 m	½ hr.	1 oz.	1 drachm	10 years

B. Adults, 22 cases.

I. Chloroform alone, 20 cases (9 male, 11 female).

Operation	No.	Going under	Length	Amount
Facial	3	6 m	26¼ m.	1 dr. 13 m.
Minor Gynecology ...	7	3 m. 42 s.	27 m. 8 s.	2½ drachms
Laparotomy	2	5 m.	40 m.	5 drachms
Miscellaneous	8	4 m. 22 s.	20 m. 17 s.	1 ounce
	20	4 m. 15 s.	24 m. 45 s.	5 dr. 12 m.

II. Mixed Cases.

1. Ether to chloroform, 1 case, an alcoholic, male, 10 minutes induction, ½ hour operation, 2 drachms chloroform, 1½ oz. ether.
2. Chloroform to ether, 1 case, an asthmatic, female, 5 minutes induction, ½ hour operation, 2 drachms chloroform, ½ oz. ether.

C. Reasons for giving chloroform:

- I. Epilepsy, 1; nervousness, 7; alcoholism, 1; previous bad history with ether, 1. 10
- II. Nephritis, 3; phthisis, 2. 5
- III. Emergency, 2; slight operations, 3. 5

20

D. Difficulties encountered under chloroform:

I. In chloroformation:

Resistance

1. In children, more or less the rule.
2. In adults (violent) alcoholic, 1; epileptic, 1; 2, or ten per cent.

II. Respiratory difficulties:

	Children	Adults
Dyspnea	1	0
Asphyxia	1	1
	2	1

III. Syncope, 2 cases (6 per cent.

Adult, 1; child, 1.

IV. Vomiting:

1. Children, once or twice the rule.
2. Adults—excessive, 2 cases or 10 per cent.

Chloroform in children presented dangerous complications three times in

thirteen administrations, twice by interference with respiration and once by syncope.

The two respiratory cases yielded quickly to treatment. They occurred in an operation for sarcoma on a boy of ten, and a tenotomy in a boy of five. The sarcomatous case did not present much difficulty, while the boy operated upon for tenotomy had more decided signs of asphyxia, which required artificial respiration. Both cases did excellently on the exhibition of ether.

The syncope case was more serious. It occurred in a baby six months old, on whom there was an attempt made to reduce a hernia. About thirty minims of chloroform were used in all; the child was not profoundly asleep at any time. On ceasing manipulation sudden pallor was noticed, as well as failure of respiration. The child was inverted, and artificial respiration performed. Dilation of the rectum seemed to be the immediate cause of resuscitation. The pallor was very marked, and the child in great danger; when syncope came on, there had been no chloroform given for fully five minutes. The child was in the writer's arms at the time with the head slightly depressed, when the lips turned suddenly white.

This last case shows how dangerous it is to administer an anesthetic to infants. The author has given chloroform about seventy-five times, besides the number given in the above table, and in those anesthetizations he has had some difficulty three times, twice with respiration and once with late syncope. All occurred in infants, and all yielded to inversion and artificial respiration, and all took place *after* cessation of operative procedures for from five to ten minutes. The writer draws the conclusion that infants must be very carefully chloroformed, that the effects of the drug often are at a maximum some minutes after the cessation of inhalation. The eye symptoms were irregular and gave but little indication of the depth of anesthesia. Again, pain is an antidote to chloroform; a little objection on the part of the patient is not to be taken as a demand for more chloroform. A crying child must be anesthetized with care, as an overdose is easily given owing to the deep inhalations. While infants bear chloroform poorly, young children, as a rule, take that anesthetic kindly. As nearly all children resist, great care is needed not to give too much at first.

In adults there occurred, in the twenty-two cases, two in which there were alarming complications, one of asphyxia, and one of syncope.

Female, 35, operation for curettement, gave two drachms of chloroform in twenty minutes, when respiration ceased. Stood patient on head, pulled out tongue, gave strychnine one-thirtieth of a grain. Quick recovery, continued operation with ether, gave three drachms in ten minutes. Respiration improved markedly under the latter anesthetic. Patient had asthma.

Female, 18, in poor health, and quite nervous, underwent a curettement, and dilatation of rectum. On account of nervousness, gave chloroform; anesthesia complete in five minutes; removed the patient from bed to table, a distance of about ten feet. During dilatation of rectum heart failure was noticed, respirations had ceased, and the pulse could not be felt at wrist. The patient was very pale. One and a half drachms of chloroform had been used on Esmarch's inhaler. Inversion, rhythmical traction on tongue, artificial respiration and a hypodermic injection of one-thirtieth of a grain of strychnine brought about recovery in two minutes. The operation was completed without any more anesthetic. In this case the collapse was evidently due to the chloroform.

The author in comparing his experiences with ether and chloroform finds a marked difference in their safety. Giving ether the full credit of causing both the mechanical asphyxia in one case, and the late syncope in two more, and

counting as due to chloroform the four instances requiring restoratives, in view of the respective number of anesthetizations by each drug, it will be found that chloroform is more than six times as prolific of dangerous complications as ether. Again, the complications were more serious in the case of chloroform. Three of the chloroform dangers arose early in the anesthetization, and one after completion of surgical manipulation. Of the ether complications one (mechanical interference with respiration) occurred early in the anesthesia, and the other two (collapse) took place after the operation was over. Of these latter complications one was found in a badly depressed patient, and the other occurred in a nervous woman an hour after apparent recovery. The chloroform complications were all clearly due to the anesthetic. The average length of operation of the dangerous cases were forty-five minutes for ether, and twenty-seven minutes for chloroform, the amount of ether used averaged three ounces, and the amount of chloroform was about one and a half drachms to each patient, a moderate dose for the time for each drug, especially for chloroform, where only about a quarter of the average amount for that time was employed. None of the cases either under chloroform or ether occurred in serious or prolonged operations. The very small dose of chloroform employed emphasizes the importance of that unknown quantity—individual susceptibility. Another element in favor of the greater safety of ether is the fact that it was employed in severer cases than was chloroform. While ether was given by the author five times to chloroform once in the aggregate, in critical operations it was used in the ratio of twenty-seven to one. The operations performed under ether were more than two and a half times as prolonged as those under chloroform. As this preference for ether in tedious procedures is the general custom in America, its bearing on the question of the relative safety of the two anesthetics must not be overlooked. Reducing the ether and chloroform cases to a like basis of length and severity the coefficient of danger according to the author's experience would be fifteen to one in favor of ether. The relative occurrence of dangerous symptoms according to Gurlt's series before the Twentieth German Surgical Congress was: Chloroform, 71; ether, 0; ether and chloroform, 5; chloroform and alcohol, 4; the number of anesthetizations reported being respectively 22,656; 470; 1,055; 470; (Reeve. Reference Handbook of the Medical Sciences. Supplement, page 36, 1893).

The custom held by many, as a routine practice, to commence the anesthetization with chloroform, cannot be recommended, for a large per cent. of the dangers under the more powerful anesthetic occurs early in the administration. The author believes that this subterfuge should be resorted to only under certain conditions mentioned before in this article. Fortunately the warm closed method has rendered the induction of anesthesia so easy, that a resort to chloroform for mere convenience's sake is rarely necessary.

Sex and age have very much to do with the amount of anesthetic used. Men are much harder to control, and take a larger amount of anesthetics, as is seen from the following table:

TABLE IV.—SEX AND ANESTHETIZATIONS.

Anesthetic	Sex	No.	Induction	Amount	Length of Operation
Ether.....	Male	21	8 minutes	4 oz. 4 m.	52 m. 27 s.
	Female	122	4 m. 54 s.	3 oz. 5 dr.	58 m. 23 s.
Chloroform..	Male	9	5 m. 25 s.	1 oz.	$\frac{1}{2}$ hour.
	Female	11	3 m. 16 s.	$3\frac{1}{4}$ drachms	21 minutes

Thus, it is evident that it takes nearly twice as long to anesthetize a man, and a woman requires about half as much chloroform and three-fourths as much ether. Children succumb to chloroform quickly, and require about one-fourth

as much of the drug as adults would in the same time. The age of children ranged from six months to ten years, the average being five years. Six people over sixty years of age, two men and four women, were anesthetized in 1895 by the writer, five by ether alone and one by chloroform and then ether. The average did not differ materially from the usual results in adults, induction time five and two-fifths minutes, amount four and three-eighths ounces, and age sixty-four years. All did nicely.

The suddenness and often the unexpectedness of complications makes it imperative to have the necessary restorative means at hand. The anesthetizer must have in his hypodermic case morphine, atropine, strychnine, nitro-glycerine and digitaline. For all cases he must have one hypodermic ready with one-thirtieth grain of strychnine, and if the case gives promise of prolonged operation or danger of shock, he should also have already filled a syringe with atropine one-fiftieth of a grain, and another with nitro-glycerine one-fiftieth. The time wasted in getting the injection ready might be just the delay needed to allow a fatal ending. The atropine will be especially useful in combating the colliquative sweats which usually come on late, and are accompanied with a pale face and feeble pulse. This condition need not be confounded with the warm perspiration found with the full pulse and flushed face of early anesthesia. Aromatic spirits of ammonia and brandy should be at hand, and at hospitals in all serious cases, strong coffee, warm normal salt solution and plenty of hot water bottles must be in readiness. A very convenient way of injecting the salt solution subcutaneously is to attach a trocar to the tube of a "King" syringe, which by its attached thermometer can regulate the temperature of the liquid; such an apparatus is simple, aseptic, nearly always at hand, and easy of regulation by adjusting the height of the syringe. Gentle kneading of the injected area favors absorption. The anesthetizer himself should have with him mouth-gag, tongue-forceps and swabs.

It is probable that the use of anesthetics greatly lessens shock—both in frequency and violence. Oliver (Sajous' Annual, Vol. III. O, 6, 1895) has shown that in shock the caliber of the arteries is diminished, and that ether increases, while chloroform diminishes the arterial lumen, hence ether is the anesthetic best calculated to fulfil the physiological indications both for the prevention and treatment of shock. As the dose for each individual varies (especially in the case of chloroform, three minims of which have been known to produce alarming symptoms) the great object to be attained is the prevention of an overdose, which, if present, causes anesthetic shock. On the other hand, he who is denied an anesthetic is being punished for the shortcomings of an inexperienced anesthetist. Spencer (Sajous' Annual, O, 7, 1895.) Every case must be decided on its own merits, both as to what anesthetic to use, and what procedures to follow during the anesthesia. The anesthetist should be well versed in the literature of the subject, but when actually at work he must be authority. Only the purest and fresh anesthetics should be used. The author's experience is confined to Squibb's manufacture alone. Chloroform should be kept in colored bottles having glass stoppers, and ether in cans. Do not use ether that has stood for some time in a half empty receptacle. It is the author's custom to buy a 500 gram can and fill from it five small cans, calking the stopper with paraffine; he thus has a fresh supply for each case.

TABLE E.—COMPARISON BETWEEN ETHER AND CHLOROFORM.

	Personal Observation.	Various Authorities.	Personal Observation.
	Warm ether.	Ether (by cone)	Hesnard's Chloroform.
Time required to produce Anesthesia.	5 minutes	10 to 15 minutes Willard & Adler.	4 minutes.
Amount required to pro- duce Anesthesia.	6 $\frac{2}{3}$ drachms	2 $\frac{1}{2}$ oz. Willard & Adler.	1 $\frac{1}{2}$ drachms
Amount required every 5 minutes.	2 $\frac{2}{3}$ drachms	1 oz. Lyman.	1 drachm
Behavior going under an- dler anesthetic. Resist- ance, excitement, struggling.	1 $\frac{7}{8}$ per cent.	very common	10 per cent.
Coughing.	2 $\frac{1}{2}$ per cent.	the rule	rare
Unable to anesthetize. .	1 $\frac{7}{8}$ per cent.	5 pr ct. (Reeve)	Have seen none
Behavior during anesthe- sia, evenly, quietly and safely sleeping, no complications at all from any cause.	88 $\frac{1}{4}$ per cent.	About 62 $\frac{1}{2}$ pr ct.	82 per cent.
Respiratory difficulties			
Asphyxia.	$\frac{5}{8}$ per cent.	The most common of all difficulties	6 per cent.
Dyspnea.	3 $\frac{1}{2}$ per cent.	25 per cent. (Kappeler)	3 per cent.
Vomiting.	1 $\frac{5}{8}$ per cent.		
Syncope.	$\frac{1}{8}$ per cent. (cachexia)		
Of varying degrees.	1 $\frac{1}{4}$ per cent. (hemorrhage)	very rare	6 per cent.
Immediate after effects			
Syncope.	$\frac{5}{8}$ per cent. (?)	very rare	4 per cent. (in previous experience. Children usually)
Some vomiting.	10 per cent.	In most cases.	10 per cent. author
Severe vomiting.	3 $\frac{1}{8}$ per cent.	About 15 per ct.	4 per ct. Kappeler
Relative value of anes- thetic.	1 (as standard)	2	15
Ratio of danger.		estimate	calculation.

In conclusion the author gives the following brief resume of the claims advanced in support of the warm closed method:

1. Ease and rapidity of the production of anesthesia, average time about five minutes.
2. Small discomfort to the patient, but little excitement or coughing.
3. Ability to push the ether rapidly. This factor almost entirely does away with vomiting during an operation.
4. Small amount of ether used, four ounces per hour, including the three-quarters of an ounce required for the induction of anesthesia.
5. Even and quiet repose during anesthesia. The small amount given and the careful watching required prevent both awakening of the patient and a too profound anesthesia.
6. Non-saturation of the patient with ether, quick recovery, and but little severe after vomiting (3 $\frac{1}{8}$ per cent.)

7. Ether confined to inhaler, the room not filled with vapor.
8. Few assistants. Most patients go under and come out with hands in the same position; the anesthetizer alone can easily handle both patient and inhaler.
9. Increased safety. There is an entire obviation of the following dangers, spasm of the glottis because the warm vapor is non-irritating; explosions from lamp or cautery because the ether is confined to the inhaler. Etheral pneumonia, bronchitis and anesthetic shock are rendered much less liable because the patient is not chilled by cold ether. Nephritis in the healthy subject, and anesthetic collapse are almost impossible because so little is taken. The mechanical dangers to respiration on account of vomiting and increased secretions are, of course, correspondingly lessened.

Bradbury Block.

COMMENCEMENT ADDRESS.*

BY H. G. BRAINERD, A.B., M.D., LOS ANGELES, CAL.

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Some one has said that the study of medicine is delightful, but that the practice of medicine is execrable. You can bear witness to the pleasures derived from the study, a pleasure which you will constantly have throughout your professional career, and though there is much in the practice of medicine which is distasteful and trying I have found it far from execrable and I trust that the experience of each one of you will be no less pleasant than mine.

You are entering upon a profession that is very exacting in its demands upon you. There is not a moment of the day nor night from one week's end to the other, year in and year out, that you can call your own, but you must ever be ready to answer the calls of those who are in distress and oftentimes of those who only think that they may be in distress if you do not come. After a long hard day's work you must burn the midnight oil, robbing yourself of needed sleep to study your cases and thus be prepared to meet the changed phase of disease which you may find on the morrow. If you hope to keep pace with the rapid strides which medical science is now making you will be obliged to abstain largely from the pleasures of society, from diversions and recreations of almost every kind and devote the time you can snatch from your work—perchance the time you should devote to your family and your home—to the study and investigation which shall solve medical enigmas.

The responsibilities which you may be called upon to assume are appalling; as human life may depend upon your knowledge and upon your skill and quickness in applying that knowledge. Oft times at the death bed you may be called upon to fill the place of priest, legal adviser, and of friend as well as that of physician and the true physician must be ready to do all this, when necessity demands, to the very best of his ability.

You will be called upon to guard the closet which contains the skeleton, the disclosure of which might blight the fair name or fame or bring ruin and disgrace upon a household. See to it that you guard it zealously.

You will be entreated to do that which will make you a criminal before the laws of God and of man. Let not your own necessities, it matters not how dire, the specious plea, or the promises of large remuneration by those whose holiest privilege and joy it should be to foster and preserve the life they would destroy, swerve you from the strict path of rectitude and honor.

*Delivered at the Commencement Exercises of the Medical Department of the University of Southern California, Los Angeles, June 4, 1896.

No profession or walk in life demands a higher standard of morality, integrity and honesty than a doctor's, and I am proud to say that this demand is fully met by the great army of physicians, but I regret to say that this army has a sorry lot of camp followers and guerillas. It is the intrinsic value of the genuine that makes the counterfeit possible.

Not all of you will become famous physicians, but you all may be good ones. Be prompt, be accurate, be clean, and above all be honest with your patients and with yourself, and you will surely attain success.

Do not be alarmed lest the overwork which I have pictured shall at once overtake you, for before such is the case you will probably have ample time to mature your plans for securing your share of patronage; for the "dear public" is so constituted that it is unwilling to entrust its health and life to the doctor until the bald head or the gray hair shows his waning years.

In your desire to reach the goal of your ambition—a large and lucrative practice—do not strive to attain it by means that will forfeit your own self-respect and the respect of the best in your profession. I am not urging you to hide your light under a bushel, or to sit quietly in your office until an admiring public shall hunt you up and thrust greatness upon you, but I do plead with you to start with a high regard for the character of your profession, and with a high standard of professional ethics.

Do not resort to commercial methods. Your profession is not the same as that of the grocer, the shoemaker or the blacksmith and does not admit of the same commercial methods. You ask "why should I not advertise my skill the same as a shoemaker?" The conditions are widely different. With any of the trades or commercial callings, all that is at stake is a matter of a few dollars or cents, and not human health, happiness and life. If we adopt the methods of the trades and advertise our skill and ability to treat human ills it is simply a question of how much money we can spend in printer's ink and not professional attainments and real ability to do good that shall determine the rewards in the practice of medicine. It cannot but lower the standard of professional attainments.

Make all the acquaintances you can without thrusting yourself forward and seeming officious, but do not attempt to ride into popular favor on politics, the lodge or the church. Affecting striking peculiarities of dress or manner for the sake of calling attention to yourself is the device of the mountebank and the fakir. Showing to a casual acquaintance, especially if a lady, your collection of cast off portions of former patients which you now cherish in alcohol and glass jars, eulogizing at the same time the great skill necessary to acquire these relics may perchance increase your fame as a surgeon, but is much more likely to make you the laughing stock of the community. Do not resort to these cheap methods of advertising yourself. The good opinion of no one who is influenced by such devices will compensate you for the loss of the respect of your better self.

Do not try to purchase patronage by offering your services at rates that are lower than the standard. If your patient is unable to pay the regular fee for attendance accept whatever you believe he is able to pay and give him a receipted bill for the full charge at standard rates, so that he may understand that you do not rate your services of less value than that of others, but that you donate to him a portion of your services. You should avoid belittling yourself by rating your services at less value than that of your competitors, for the public will soon accept the rating which you place upon yourself and you will learn too late your mistake. These remarks apply only to those who are able to pay for your services. I know you all well enough to be certain that you will always respond promptly to the calls of your suffering fellow beings and give them your

best services when you *know* that they are unable to remunerate you. Such calls fall to the lot of every physician and to an extent rarely realized by the public. I venture to say that there is not a physician within the sound of my voice who has been paid for three-fourths of the work which he has done; compensation for one-half of their services would probably be nearer the amount received by most.

Do not attempt to exalt *yourself* by belittling your fellow practitioner and by placing him in an unenviable light before his patient, the ruins which you may have made of another's reputation is not a secure foundation upon which to build your fame. It is the greatest disgrace to our profession that so much jealousy and bickering and personal animosity exist amongst its members. Be above such petty manifestations and never forget to be a *gentleman* in your relations to your fellow physicians. While I urge on you to treat all honorable, honest competitors with courtesy, no words can be too excoriating to apply to those harpies who fatten on the misfortunes of their fellows; who lure into their dens by promises to cure the incurable, who advertise that this shall be done without the use of the knife and without pain, but who, in fact, by their horrid caustics burn great holes in their writhing victims and prolong their torture for days and even weeks. I have seen a woman in the prime of life a victim of one of these villains who had so burned her breast and the tissues of the side, which was no more cancerous than my hand, that she was so drawn and twisted by the contractions of these burns as to be a cripple for the remainder of her life. I have seen a young man, the only hope of his widowed mother, in the full vigor of his young manhood, gasping in death because, forsooth, the enlarged glands of his neck had been called cancerous. The deadly escharotic had been applied and in the hours of the night had eaten its way till the carotid artery had been destroyed and death came in a moment.

Just now this city does not seem to suffer from a dearth of doctors. I believe that should you run into any public gathering and shout "Doctor!" a goodly part of the audience would rise in response. A friend visiting here recently said it seemed to him as if every other house had a doctor's sign upon it and in some of the office buildings *all* of the signs were doctors'. Actually there are now in Los Angeles more than 450 doctors of all sorts and descriptions. An unusual number of them are of the highest ability and some with a national reputation, and at the other end of the professional scale come a score of those who strive by means of printers' ink and other commercial methods of advertising and soliciting patronage to supply their lack of professional qualification. Fortunately for the community the career of these excrescences on the medical profession is uniformly brief. Like a toadstool they are full grown in a night and their demise like the toadstool's is early and malodorous. Such an array of competitors need not deter you from settling here. There is always plenty of room on the upper rounds of the ladder of fame. It is only the lower rounds that are crowded. Competition is sharp everywhere, but possibly you *may* find some other locality where there are not so many to share the discomforts as well as the emoluments of your profession as in this "City of the Angels."

I have recently been interested in looking up the effects of the wear and tear in a doctor's life in affecting longevity as compared with that of lawyers, teachers and clergymen. Dr. Ogle learned from statistics in the British Registrar's Office that the death rate per thousand for the years 1880, 1881 and 1882 were for clergymen sixteen, for lawyers twenty, teachers twenty and doctors twenty-six, the latter death rate exceeded only by occupations considered especially perilous.

In Massachusetts, it was found for the years 1845 to 1866 inclusive, that the average age of death of doctors was forty-seven, of lawyers fifty-nine and of clergymen sixty-four.

Dr. Salzmann, from carefully compiled statistics, found that in Germany the average age at death of doctors in the sixteenth century was thirty-six and a half years, in the seventeenth century forty-six years, in the eighteenth century fifty years and for the nineteenth century fifty-six and a half years, the latter showing a slightly greater longevity than obtains on this side of the Atlantic.

Dr. Rauch reports that for ten years the average age at death of physicians in Illinois was fifty-two years.

Dr. Kortright states that the average age at death of physicians in New York City and Brooklyn for the years 1884 to 1892 inclusive was fifty-four and six-tenths years. All agree that the mortality rate as compared with other professions increases very rapidly after the age of forty. That a physician's life is not incompatible, however, with longevity, is shown by the fact that Hippocrates lived to the age of one hundred and nine years and Dr. DeBossy is still practicing at Havre, France, at the age of one hundred and three years, and Dr. Salmon, of Glamorgan, England, now in his one hundred and seventh year, prides himself on being the oldest living mason and oldest practicing physician.

What are the causes that make the life of a medical man so much shorter than the lives of those engaged in other occupations? Some of these causes are unavoidably connected with this profession, namely the danger of acquiring disease from his patients, from accident, and from exposure to the inclemency of the weather, the irregularity in the hours of eating and sleeping, and the great mental and physical strain under which he is so often placed, a strain that continues not for hours alone, but often for days or even weeks. This long continued strain results disastrously in two ways, it produces great depression of the vital powers and it creates a most urgent demand for stimulants and narcotics. The glass of liquor taken to enable him to go on with his work when greatly fatigued, the opiate taken to secure a few hours of much needed rest seem at the time a necessity and a boon to the overworked and exhausted doctor, but they are too often the fastening of threads which grow into cords which cannot be broken and drag many of our most brilliant members to destruction. This is the reason that our profession furnishes more habitues to drugs that enslave, and more suicides than the professions of law and theology combined. I beg of you to shun opiates and liquor taken in the place of rest and food as the tired and perspiring traveler should shun the enticing shade of the deadly Upas tree. Avoid these dangers by forming right ways of living now that you are on the threshold of your life's work, form regular habits of eating and sleeping and maintain these habits unless it is absolutely unavoidable that you infringe upon them. Do not let the mere convenience of your patrons take you from your meals or hours of sleep. Remember that your health is quite as important as the health of another and in order that you may give your best efforts to your patients it is essential that at least you give ordinary care to yourself. Plan to take a vacation yearly of from two to four weeks. Consider the expense as essential as the money spent for instruments, books and office rent and as necessary to your well being as your meals and hours of sleep. If you do not early in your professional career learn to look on the matter of your vacation in its proper light you will soon be like the great majority of our profession, who are unnecessarily crowding themselves into untimely graves. They say when business is brisk that they cannot get away and when it is dull that they cannot afford it. The old story of the leaky roof as told by the Arkansas traveler, "When

it rained he could not fix the roof and when it did not rain there was no necessity for it." It is, indeed, more difficult for the doctor to take a vacation than for most others. He has not alone his expenses incurred by the vacation, but his professional income ceases at once and more than that he fears that some of his patients may desert him during his absence, but notwithstanding all these drawbacks I urge you to take your annual vacation. You will do better work, you will do it more easily, and it will add years to your life.

As the doctor is always expected to be interested in all matters pertaining to public welfare I shall hope to enlist your interest and efforts in modifying the present laws in this State in regard to the insane. These laws were evidently framed for the purpose of guarding most zealously the rights and personal liberty of the individual, but unfortunately oftentimes work a great hardship on both the insane person and his friends. The present mode of commitment of an insane person to the asylum is briefly as follows:

A complaint is sworn to before the Clerk of the Court, alleging that the person, stating his name and residence, is insane and dangerous to be at large. This complaint is placed in the hands of the sheriff and serves as a warrant for the arrest. The alleged insane person is then taken to the county jail and confined there with the other prisoners until it is convenient for him to be examined by a Judge of the Superior Court. In some cases a week or more has elapsed before this could be done. A commission, composed of two or more physicians, selected by the Court or more frequently by the sheriff, is summoned to examine this patient in open court. If, after due inquiry, this commission decides him to be insane, and dangerous he is on the order of the Judge committed to the asylum, and is taken by the sheriff or his deputy and delivered to the asylum authorities. If the patient is a woman there is no law obliging a female attendant, when she is taken to the asylum. The sheriff may depute a woman to accompany her to the asylum and so far as I am aware this has uniformly been done by the efficient sheriff of our county, but this is not a matter which is made obligatory by statute. The changes which I would propose are briefly these: That the patient should not be examined in open court, but should be committed to the asylum upon a certificate of two or more regular licensed physicians, the commitment being endorsed by a Judge of the Superior Court, if in his judgment such a commitment is advisable. The dangerousness of a patient should not be a criterion of his commitment to the hospital, but his curability should be of the first importance in deciding that matter. If the Superior Judge is not satisfied with the certificate of the physicians he should be empowered to make such further investigations as he deems necessary, the insane person should have the right to appeal from the decision of the physicians and the Judge and be allowed a trial in open court, if he so desire. It should be made obligatory by statute that no insane woman should be taken to the asylum, or at any time after her arrest should be in the care of male attendants without some relative or woman to accompany her. There should also be provided for all insane persons under arrest, pending their examination and commitment to the asylum some place of detention other than the County Jail, where they are of necessity associated with criminals; a place where they can have proper food and clothing and attention, but not merely because they are unfortunate enough to have a distressing form of sickness that they should be treated as felons.

These changes would obviate the humiliation, disgrace and unnecessary excitement of patients occasioned by being brought into open court. At present the same machinery of law is set in motion to place an insane person, who is really a sick person, in the asylum as to arrest, convict and punish a criminal, and as long

as this process is so disagreeably suggestive of criminal procedure the stigma and odium which now attach to the sickness which we call insanity will remain. All authorities agree that the probabilities of recovery from insanity are greatly increased if the patient can early in the course of his disease have proper treatment, and that a greater percentage of recoveries is attained in asylum than in non-asylum treatment. The two great obstacles now to the patient's being sent to the asylum early, instead of a last resort, are the stigma which unavoidably attaches to this quasi-criminal procedure of his commitment and the fear which is so often expressed that the association in the asylum with other insane persons will have a deleterious effect upon the patient. This stigma may largely be removed by the changes in the law which I have already outlined, and in my experience covering many years in an asylum I can recall but very few cases who were made worse by being sent to the asylum. These were cases of quiet, melancholy women. There seems to be a wide-spread belief that patients are frequently sent to an asylum by designing relatives to get them out of the way, and though this may be the case, in my experience with something over 5,000 insane I have never yet known of a case where a person had been sent to an asylum nor who had been detained there who was not unquestionably insane.

One other matter to which I invite your attention:

The laity always wish to have the disease you are treating labelled and it is your duty as far as possible to give them correct information in regard to it and overcome the present unscientific and lax ideas which lead them to believe that different phases and complications of the same disease are really different diseases into which the original has run or that some other disease has "set in." It is just as easy to teach them the correct pathology as it is the erroneous. Do not tell your patient that he has the measles but that it may run into the scarlet fever, or that small pox may set in, but tell him plainly that the early symptoms of all these diseases are so much alike that it may be impossible to tell which it is until sufficient time has elapsed to show the characteristic symptoms of the disease. When you find a patient suffering with disturbance of the bowels and fever which you suspect may be typhoid, do not tell him that he has the dysentery and later that it has run into typhoid and still later that lung fever has set in, but explain at the outset that the symptoms are such as to lead you to suspect that it is the beginning of typhoid, but that it will be impossible to determine positively whether it is or not perhaps for several days, and later if he is so unfortunate as to have pneumonic complication, state that this is not an unusual complication of the disease and not an entirely separate trouble which has set in.

What reward may you hope for in return for these years of study and a life of toil? Few physicians receive a large income, and fewer still acquire a fortune in the practice of their profession, but every earnest, faithful physician is sure of gaining a comfortable living; in the amount of good which he can do his fellowman; in the satisfaction derived from his work there is not a wider field in any calling than that open to the physician. The warrior paves his way to fame with the tears and anguish of widows and orphans, and the slaughter of his fellowmen, but a physician's eminence is attained by the alleviation of suffering, the healing of disease, the saving of human life. The consciousness that by your watchfulness, your courage and your skill you have baffled impending death; the gratitude of the mother whose little one you have restored to health and strength when its life hung by a single thread; the affectionate regard of the patient whose fate you could not avert, but whose suffering you have mitigated by your unremitting care are rewards which will certainly come to you in return for your

unselfish devotion to your chosen work, greater rewards than these cannot be attained in any profession.

In closing, let me remind you in the words of the immortal Webster that "Professional fame fades away and dies with all things earthly. Nothing of character is really permanent but virtue and personal worth. These remain. Whatever of excellence is wrought in the *soul* belongs to both worlds. Real goodness doth not attach itself to this life merely, it points to another world. Political and professional reputation cannot last forever, but a conscience void of offense towards God and man is an inheritance for all eternity."

315 W. Sixth St.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

ANTISEPTICS IN INFANTILE DIARRHEA. (*Kansas City Med. Index.*)—Dr. W. S. Fenwick treats of this subject in the *British Medical Journal*:

In the treatment of chronic diarrhea due to fermentation, the systematic employment of antiseptic drugs proves of the greatest value. It is a mistake to use the insoluble substances which act almost exclusively on the intestines; the use of *resorcin* has been most satisfactory. Probably one reason why this drug has been overlooked is that it is recommended by the Pharmacopeia in insufficient dosage. In the adult no ill effects are produced unless the dose exceeds a drachm, and he has long been accustomed to give three grains every four hours to infants only a few weeks old without the least ill effect. By the end of the second day the diarrhea has generally ceased and is not infrequently replaced by constipation. If the disorder has lasted a long time and follicular ulceration of the large intestine exists, it may be supplemented by those remedies which exert their antiseptic properties in the intestine, as for example, benzol naphthol, which, however, to be effective, must be given in full doses at short intervals. In some obstinate cases he has given as much as forty grains in the course of twenty-four hours with most excellent results.

HYDROZONE IN GASTRIC AND INTESTINAL DISORDERS. (*N. Y. M. J.*, Aug. 15, '96.)—John Aulde, M.D. In gastritis, acute, sub-acute or chronic, we have an increased output of mucus which interferes with the action of the peptic glands. By the introduction of two to four ounces of diluted hydrozone (one to thirty-two parts sterilized water) at least half an hour before meals, this mucus is destroyed by the action of the released oxygen and the contents of the stomach remaining are promptly discharged into the small intestines, the patient lying on the right side to facilitate this action. The antiseptic properties of hydrozone destroy any micro-organisms present and all forms of fermentation are promptly checked by the active oxidation. The patient is then in condition to receive food, which should be liquid until active symptoms have subsided. After a meal medicinal doses of glycozone should be given, which contains, in addition to the nascent oxygen, a percentage of glycerin.

In cholera infantum, typhoid fever and Asiatic cholera the same plan should be adopted with stomach, and in addition, the same solution (one to thirty-two) is used as an injection into the lower bowel, introducing it as high as possible. We thus maintain an antiseptic condition of both the stomach and large intestine. If

deemed advisable this treatment may be combined with irrigation of lower bowel by large quantities of hot or cold water, usually administered at intervals of four hours.

DISEASES OF CHILDREN. (*Bullet. n. Amer. Acad. of Med.*, Aug. 1896.)—J. M. Taylor, Philadelphia. Approach a case of children's disease with the feeling that some one else has failed to do what the family requires, and they now appeal to you for advice of the highest type. Do not take too much for granted, but inquire into inherited traits, predispositions and weaknesses. Next the history of the child, the brothers and sisters, the cause of death of any who have died, and finally the exploration of the case itself. Three points should always be examined—the throat should be inspected, the chest listened to and the belly felt. In every case the tongue, the teeth, the eyes, and skin should receive at least casual inspection. Many failures in eliciting necessary information are due to a wrong method of approaching the child, on the one hand of handling the child as if it were a package to be pulled about, or a second blunder talking "baby talk," poking them in the ribs, etc. The right way is to accredit the child with ordinary intelligence. With a child of five years shake it by the hand, make some more or less complimentary remark, tell him you've heard he is not very well and you want him to tell you about it, and then you will listen here or look there so as to know how to help him. These matters are of first importance. Students, as a rule, are not sufficiently interested in the bedside study of children with a thoroughness of observance of the individual case.

CIMICIFUGA RACEMOSA IN CHOREA. (*Med. and Surg. Rep., Medicine.*) F. R. Millard says that if reports in medical journals are a fair index of the mode of treatment of chorea the use of black cohosh, judging from his experiences, is too much neglected. The only failures he has seen (excluding cases in infants) have been in chorea following acute rheumatic endocarditis, all of which cases have persisted in spite of treatment until death, which occurred from 18 to 24 hours after the onset of the neurotic complication. In ordinary cases of chorea, a moderate degree of anesthesia will control movements for a variable time. In these fatal cases, deep surgical anesthesia prevented general movements of the trunk and limbs, but did not stop the twitchings of small groups of muscles, and before consciousness returned the movements would be as general and as severe as ever.

He thinks that chorea is rapidly and certainly cured by black cohosh, the administration of which is free from danger, while arsenic is not, furthermore the latter is prone to set up gastric disturbance. He commonly continues the treatment until after all choreic manifestations have subsided. This prevents relapses, and is especially useful in overcoming the heart murmurs which often persist after other signs of the disease have disappeared.

DISCUSSION ON THE TREATMENT OF HEMOPTYSIS. (*Med. News*, Sept. 12, 1896.)—The subject was discussed at the meeting of the American Climatological Association, May 13, 1896, and as it concerns a treatment on which we should have well-defined ideas, we will present the summaries. The discussion was opened by Dr. Chas. E. Quimby, New York, who sums up his treatment as follows: 1st, rest; 2d, morphin; 3d, aconite or other vascular sedative; 4th, dry salt and a saline cathartic; 5th, counter-irritation; 6th, obstructed expiration. (He had attempted to develop atmospheric compression of the bronchial vessels by compelling patient to expire through a restricted opening, as a pipe-stem, straw, or even the compressed lips. A sufficient number of cases had not been seen to justify positive statements, and the measure was presented as a sugges-

tion.) He excludes, 1st, astringents; 2d, ice; 3d, stimulants, and 4th, vaso-constrictors.

The treatment of bronchial hemorrhage as deduced from replies from Drs. Delafield, Draper, Jacobi, Janeway, Kinnicutt, Peabody, A. A. Smith, A. H. Smith and W. H. Thomson, by a majority of eight to one, would be upon the general plan of vascular sedation with a lowered blood pressure, and would include the use of: (1) Rest; (2) morphin; (3) vascular sedatives; (4) ice, perhaps ?) to which may be added in the same line, as having been mentioned without opposition; (5) saline cathartics; (6) ligation of the limbs; and (7) counter-irritation in place of ice. It would exclude the use of astringents or vaso-constrictors.

Dr. John H. Musser, Philadelphia, made a report of treatment as practiced by thirteen physicians of note in that city, which would include rest, mental and physical, the local application of ice, the use of opium and with considerable doubt as to their value, the use of astringents. Dr. Musser indorsed the report except as to the use of astringents. He urged the use of dry cups in certain well-defined conditions, and favors the use of saline cathartics if patient is robust and the condition of the *prima via* points to its necessity.

Dr. Algernon Coolidge, Jr., reported the practice of eighteen physicians of Boston. Seventeen gave the preference to opium among drugs, ten preferring morphin as the best form; three allowed codein as a substitute. Six used ergot as routine measure, but four of these doubted its usefulness; eight found it useless and two considered it positively harmful. Seven were opposed to high altitudes, while five considered them not contraindicated.

Dr. R. H. Babcock reported the practice of twenty-seven physicians of Chicago. Of these eighteen insist upon absolute physical rest in recumbent or semi-recumbent position. Cold to the chest is ordered by thirteen, usually ice. Five administer opium and eight morphine hypodermically. Ergot is employed by fifteen, a few, however, stating some doubt as to its utility. Eleven are positive that it has no efficacy. Eleven use astringents. Six prescribed ipecac. Four gave aconite and two veratrum viride. Salt was recommended by seven, one of whom relies largely upon it. Some other suggestions were made.

Dr. S. E. Solly, Colorado Springs, says the danger in profuse hemorrhage is the drowning out of the patient and he should be turned in such a position that blood may flow readily out of mouth. He favors use of ergot in large doses, subcutaneously, at intervals of from four to six hours. Also regards atropin as extremely valuable hypodermatically in large doses, as large doses lower the blood pressure while small doses raise it. Opium in some form should always be given when you wish to arrest hemorrhage; in some cases of congestion it is unwise to do this.

Dr. W. D. Robinson, Philadelphia, uses morphine to degree of profound narcosis; has also found hydrochlorate of hydrastin in one-fourth grain hourly doses hypodermatically, most prompt and efficient in stopping a hemorrhage.

Dr. J. B. Walker, Philadelphia, has depended upon oil of turpentine in hemorrhages from mucous membranes and is surprised that there are so few references to it in text books and journal articles. It is of special service in hemoptysis and its appearance in the expired air a few minutes after its administration by the mouth shows how quickly it reaches the scene of action. He administers it in sealed five-minim capsules every four or six hours. The use of the terebinthines was vaunted by John Hunter, he claiming that it was the only true styptic.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

LUMBAR PUNCTURE OF THE SUBARACHNOID SPACE. (*Archives of Pediatrics*, August, 1896.)—Dr. A. H. Wentworth summarizes the results of some experimental work as follows: 1. The cerebro-spinal fluid contains neither cells nor fibrin, and is perfectly clear. 2. In cases of meningitis the cerebro-spinal fluid is invariably cloudy when withdrawn. The degree of cloudiness is to some extent proportionate to the amount and character of the exudation in the meninges. 3. The cloudiness is caused by cells. The character of these differ with the variety of the meningitis. After withdrawal, more or less fibrin is formed in the fluid. The presence of these cells and fibrin is pathognomonic of inflammation in the meninges. 4. The cloudiness is oftentimes so slight that close observation is necessary to detect it. 5. The operation is not difficult to perform on infants and children. It is not dangerous if strict cleanliness is observed. 6. The differential diagnosis between the various kinds of meningitis can be made by microscopic examination of the sediment, by cultures taken from the fluid and by inoculation experiments. 7. Inoculation experiments afford the surest means of determining tubercular meningitis. It is of value to distinguish between the varieties of meningitis in order to determine if tubercular meningitis is recovered from. 8. In the normal fluid a faint trace of albumin is usually present, about one-fiftieth of 1 per cent. or less, by quantitative analysis. In meningitis the amount of albumen is increased, and has varied from one-thirtieth to one-tenth of 1 per cent. 9. In one case a diagnosis of general infection with the staphylococcus pyogenes aureus was made from cultures taken from the cerebro spinal fluid.

STRANGULATED HERNIA. (*Chicago Med. Recorder*, July.)—Dr. Alexander Hugh Ferguson says, that in a case of strangulated hernia, judicious and persistent taxis, carried out for five minutes, is long enough to tell of its inefficiency without an anesthetic. This being administered, taxis may be tried five or more minutes. At the expiration of this time all preparations for herniotomy should be complete, and if taxis had failed, no time would be lost before liberating the strangulation. The dangers of prolonged taxis are: 1. Ultimate failure and increased injury to the hernial contents. 2. Rupture of the bowel. 3. The reduction of so traumatized and gangrenous a bowel as to cause peritonitis. 4. Reduction en masse, i. e., without liberating the bowel. 5. Intraparietal reduction and reduction into the canal. 6. The non-detection of a second strangulation should it be present. 7. The rupturing of the sac and the forcing of the gut through the rent between the peritoneum and abdominal wall. 8. A diseased and perforated vermiform appendix may be reduced. 9. Reduction en bissac, i. e., the forcing of hernial contents into a congenital pouch or diverticulum. 10. Bruising of the contents and hemorrhage into the sac is common. Most of these complications are rare, but they all have been encountered.

OBSERVATIONS ON SURGICAL SHOCK. (*Charlotte Med. Journal*.)—Dr. W. N. MacArtney says: In the human subject after crushing injuries of the limbs I have occasionally seen the pulse very slow and strong, but with a peculiar characteristic which should indicate to the careful observer that shock was present. It is a pulse difficult to describe, but which points unmistakably to a tendency to cardiac spasm. There is a prolongation of the systole, which encroaches upon and interferes with the diastole; cardiac spasm diminishing cardiac relaxation. This increase in the length of the systole once recognized in the pulse is

not easily forgotten. This slow pulse indicates grave shock impending, and where I have observed it, when, in spite of protests, operation was done at once on the theory that with such a pulse no shock could be present, profound and sometimes fatal shock followed. It is a warning not to be lightly disregarded. In these cases do we have vaso-motor paralysis or does vaso-motor spasm precede the paralysis? The term vaso-motor paralysis, however, is so ambiguous that some uncertainty exists as to the exact meaning. There are vaso-constrictor and vasodilator fibers, and the term vaso-motor paralysis might be construed to mean either or both.

HEMOSTASIS OF THE BONES WITH SHOE NAILS.—The *Semai e Med.* of July 8 states that Professor Rapin of Lausanne controlled the hemorrhage during a Kraske operation by stopping the blood vessels in the bone with a small shoe nail which he inserted in each. They were left in place until the suture was to be made; no further hemorrhage occurred after their removal. Six of these little nails sufficed to arrest completely the hemorrhage across the surface of the sacrum.

CHEST SURGERY. (*Cincinnati Lancet Clinic*, Sept. 5, '96.)—By Merrill Ricketts, Ph. B., M. D., Cincinnati. HYDROPNEUMOTHORAX.—Mr. S., white, aged thirty-five, six feet one inch in height, lumber dealer, stabbed about June 1, 1889, with a barlow knife; the blade, which was about three inches long, entered the fourth intercostal space about two inches to the right of the median line. But little blood escaped through the incision. However, the patient felt very uncomfortable, giving evidence that the pleural cavity contained fluid, and, in all probability, blood. The difficulty of breathing increased until thirty days later, when an opening was made in the fifth intercostal space six inches to the right of the median line; about one quart of discolored fluid and debris escaped. An opening was made in the same place a week later, when about one pint of fluid was removed and a metal tube inserted and allowed to remain. The patient continued to transact his business, but gradually lost flesh and strength, a pint of thick, creamy pus having been removed through the tube every day since the thirty-fifth day following the injury. During the spring of 1896 he suffered from great debility. There was no history of tuberculosis in his family; furthermore, no indication of tuberculosis was present.

A consultation was held with Dr. Beebe on June 1, and an operation decided upon. An incision was made from the third intercostal space two inches to the right of the median line, extending downward following the border of the ribs and diaphragm, and backward to the angle of the scapula to within three inches of the posterior median line. This enabled the entire right bony chest to be exposed. The fourth, fifth and sixth ribs, with all their costal cartilages, were removed, leaving about one-third of their length to their spinal attachments. All the divided ribs were necrosed and saturated with pus; almost a quart of pus was removed at the time of the operation, while a pint had been removed one hour previously by the patient himself. The right lung was found to have undergone extensive atrophy, the remaining mass not being larger than an ordinary man's fist. The hemorrhage was practically nothing, it not being necessary to ligate an artery, or even torsion but one. The entire wall of the cavity was brushed with Churchill's iodine by means of a cotton pledget to destroy the pus-producing membrane. The cavity was then packed with large quantities of sterilized gauze, which was afterwards saturated with pure alcohol; a large opening was left so that the gauze could be removed and replaced. He sat up in bed at the end of forty-eight hours, and took a few steps to his rocking-chair on the fourth day. His

temperature, which had ranged from 101 degrees to 102 degrees before the operation, became normal on the following day, and remained so most of the two weeks he was in The Trinidad. He had no pain and his appetite improved rapidly. He was able on the fifth day to taste food, which he had not done since the second month following the injury. He gained rapidly in flesh and left for his home, three hundred miles away, on the fourteenth day following the operation.

The lesson taught by this case is of the greatest importance: 1. The amount of damage to the lung was sufficient during the first thirty days to destroy its usefulness. 2. It is seldom that such a trifling injury plays such havoc. 3. The daily amount of pus removed is enormous. 4. His physical condition remained good—at least sufficiently so to allow him to personally attend to the business of the merchant. 5. The ribs being necrosed and saturated with pus is rare. 6. The immediate benefits derived from so extensive an operation are most satisfactory. 7. Nothing but an extensive excision of the ribs would allow the walls to so completely collapse as they have in this case. As it is, the remaining cavity will not contain more than one-half pint of fluid.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND
NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

OPERATIONS IN EPILEPSY. (*Alienist and Neurologist.*)—Dr. E. G. Mason, in the *Medical News*, March, '96, says. Inquire particularly and very carefully about the first convulsion; what was its apparent exciting cause; what was its character general or affecting only certain portions of the body, and what portion of the body was affected at the beginning of the fit. If there be an aura, investigate it carefully, as it will not infrequently give a clue as to the seat of the lesion. If there has been a trauma or suspicion of trauma, shave the head and look carefully for a scar or a depression. If there is evidence of a trauma in a position corresponding to the initial symptoms of the fit an operation is usually justifiable. If you cannot get a clear history of the case give a placebo and place the patient under competent surveillance until you can satisfy yourself as to the character of the fits. Do not operate on a porencephalic child and expect to cure the epilepsy. Do not as a rule operate on a case of post hemiplegic epilepsy in a child and expect to cure. Do not operate on an old idiotic epileptic, a victim of idiopathic epilepsy with general convulsions of years' standing. What then is the value of operative interference in the treatment of epilepsy? In the light of present experience Mason thinks fair to put it thus: A certain small percentage of the cases will be cured. A certain large percentage will be improved. An even larger percentage will not be improved at all. An operation in almost any case will produce a temporary cessation of fits.

UNTOWARD EFFECTS OF TRIONAL. (*Alienist and Neurologist.*)—Dr. J. C. Welch, of Bellevue, Pa., reports (*Medical Standard*, May,) the case of a morphine-using physician, who, while suffering from morphine abstinence symptoms, was given 30 grains every three hours for four days, when 30 grains twice daily were given for ten days. He was noticed to be dull and bewildered and complained of heaviness and numbness of the limbs and of great mental depression. His speech was ataxic; the difficulty of speech was apparently of central origin, and at first cerebral hemorrhages was feared. In the preceding six days from two to two and one-half ounces of trional had been taken. The administra-

tion of this drug was then entirely suspended, and caffeine and digitalis substituted. There was a gradual disappearance of all the unfavorable symptoms, the insomnia not returning.

KOLA DELUSION. (*Alienist and Neurologist.*)—A very timely warning is given in *Médecine Moderne* regarding the popular use of extracts of Kola. This article is entitled "The Kola Delusion," and in its discussion the fact is pointed out that increased capacity for work obtained through its employment is temporary and unreliable, like that gained from alcohol and cocaine. In truth, the effect produced by every member of this group of drugs, which the author very aptly calls "nerve foolers," in that they abolish the natural sense of weariness and fatigue, is due probably to an obtunding effect on the nerve centers. That Caffein is closely allied to creatin and other tissue poisons which invariably give rise to a loss of energy when they have accumulated in the body, is a further suggestive observation.

NERVOUS SHOCK AND DISEASE. (*Alienist and Neurologist.*)—Dr. John B. Herrick, after reporting a case, says: I feel warranted from my study of this case and a perusal of the literature bearing upon this subject, in drawing the conclusion that in some cases of pernicious anemia there is a causal connection between shock or injury to the nervous system and the resulting anemia. Whether such shock acts by interference with the nervous mechanism of the digestive organs, the stomach, intestines, liver, pancreas, the ultimate result being a severe anemia, or whether through altered nervous influence, there is abnormal performance of function on the part of the hematopoietic organs, it is impossible to say. In assigning to nervous shock an influence in the production of anemia it is not necessary to regard it as the sole cause, or even the prime cause. Just as in pneumonia we work upon the pneumococcus as the main cause of the disease, but yet regard exposure to cold as an exciting cause that favors the localization or pathogenic action of the specific organism, so in the case of pernicious anemia, the nervous shock may in some way merely favor the action of some otherwise inert micro-organism or toxine, that under these altered circumstances produces a profound or even fatal anemia.

ON THE TOPOGRAPHY OF ZOSTER. (*Med. Week*, March 6, 1896.—Dr. Archard: It is well known that as a rule the localization of herpes zoster does not agree with distribution of the peripheral nerves, a fact which has induced Dr. Brissaud to reject the generally accepted theory of the peripheral origin of zoster, and to consider the initial lesion of this affection as seated in the posterior columns of the spinal cord, and exerting its influence on the trophic centers of the cutaneous nerves through the sensory fibres.

This view is further supported by the fact that sensory disturbances of myelic origin affect areas of the skin which do not correspond with the distribution of the cutaneous nerves. On the other hand, the theory of the peripheral origin of zoster involves the assumption of multiple lesions, disseminated by accident, as it were, in limited portions of several distinct nerves. The central theory, on the contrary, assumes the existence of disturbances which are much easier to understand, for a spinal lesion of small extent may affect in its intramyelic course the vertical and collateral branches of several neurons, belonging to different roots.

Apart therefrom from distinctly peripheral forms of zoster, such as those which follow an injury to a nerve, there are evidently others due to a special cause, viz., those in which the localization of the eruption does not correspond to the distribution of the cutaneous nerves, that is to say, in all probability the majority of cases of so-called idiopathic herpes zoster.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

THE CAUSES OF RETROVERSION AND RETROFLEXION OF THE UTERUS. (*Cleveland Med. Gazette*, July.)—Dr. Hunter Robb says that in the causation of backward displacements of the uterus the following factors may be concerned:

1. Congenital defects. A short vagina necessitates a forward position of the cervix; this tends to bring the fundus and anterior surface of the uterus under the direct line of abdominal pressure. The ordinary distension of the bladder now throws it backward, thus causing a displacement. A congenitally long cervix can not rest with its long axis crossing that of the vagina, but must accommodate itself to this axis; this also tends to throw the fundus backward. Where the cervix is long the body of the uterus is apt to be small and short. In such case the normal position of the uterus is in retroversion.

2. Extreme distention of the bladder throws the fundus far back in the pelvis behind the median line. When this happens often the malposition is liable to continue.

3. Impacted feces in the rectum extending up above the ampulla push the cervix down in the vagina, and thus change an anteversion into a retroversion.

4. A sudden severe strain put upon the abdominal muscles, especially when the bladder is full, brings about a retroflexion by forcing the uterus down when the pelvic floor yields.

5. Of all causes of retropositions the most frequent is a relaxation of the vaginal outlet; the relaxed outlet must be regarded as a deficiency in the pelvic floor, which leaves a smaller or larger surface over which no counter-resistance to the intra-abdominal pressure remains. Every act accompanied by intra-abdominal pressure tends to thrust out the adjacent vaginal walls; when these have once entered the orifice they continue to be forced down, wedging the posterior wall further away from the symphysis. While the parts below give way the uterus is forced toward the outlet. The fundus rotates so far back that the pressure is finally spent on the anterior surface of the uterus and complete retroversion or retroflexion is established.

6. Finally retroversion and retroflexion may be caused by inflammatory changes in the uterine support, or by dragging of adhesions resulting from pelvic peritonitis.

DIMINUTION IN THE NATALITY OF THE FRENCH NATION. (*Science*, May 8.)—Dr. D. G. Brinton contributes the following paragraph on the subject of the above caption:

"This subject occupies a prominent place in the discussion of the anthropologic section of the French Association for the Advancement of Science at its last meeting. More than elsewhere, it deserves attention from the scientists of that nation, for out of the 86 departments into which France is divided, in 51 the deaths exceed the births. The annual natality for the whole country is only 23.7 for each 1,000 inhabitants, and this number includes the stillborn! To remedy this progressive depopulation, its causes must be ascertained. Dr. E. Maurel brought forward an interesting theory. He pointed out that the birth rate is lowest in those departments where food is most abundant and cheapest. The relation between these two facts he held to be the prevalence of hereditary

arthritic diathesis (uric acid diathesis), leading to diminution of reproductive vigor in both sexes, this diathesis arising from excessive alimentation. Another speaker, Dr. Pommerol, attributes the diminished natality to voluntary restriction, while others suggested the increase of religious celibacy, the laws relating to the division of property, the lateness of marriages, and the decreased reproductiveness of women."

THE LIMITS OF VAGINAL AS COMPARED WITH ABDOMINAL EXPLORATORY SECTION. (*N. Y. Polyclinic*, June, 1896.)—Dr. Henry C. Coe says his experience leads him to select the abdominal method of explorations in the following conditions: "1. In the case of neoplasms or obscure enlargements which are situated in the abdominal cavity, or have risen above the pelvic brim, especially if they are more or less adherent. 2. In ascites of doubtful origin, more particularly when tuberculous or malignant disease is suspected. 3. In cases of disease of the adnexa in which the latter are situated near or above the pelvic brim, as established by bimanual palpation. 4. In cases in which the history and symptoms point to general intestinal adhesions, and above all, when appendical complications are suspected. 5. In ectopic gestation before rupture, when the sac is high up, at the side or in front of the uterus, instead of in Douglas's pouch. 6. In cases of intractable pelvic and abdominal pain of obscure origin, including the so-called neuroses. On the other hand, explorative vaginal section should be preferred; 1. In all cases in which the presence of pus within the pelvis is suspected, as in pyosalpinx, pelvic abscess proper, suppurating dermoids and cysto-adenomata, and hematocle. 2. In the case of small intrapelvic tumors situated in the pouch of Douglas, or at least readily accessible from below. Impacted ovarian cysts, dermoids, and fibroids belong to this category. 3. Adherent adnexa situated in the true pelvis. 4. Unruptured ectopic sacs in the same locality. 5. Circumscribed exudates and indurations in the broad ligaments or behind the uterus, especially when associated with displacement and fixation of the lateral organ."

PREGNANCY FOLLOWING SALPINGO-OOPHORECTOMY. (*Jour. of Med. and Science*, July.)—Dr. S. C. Gordon reports the following case: "March, 1894, I removed both ovaries and tubes from Mrs. R., aged 33, and so far as I know there were no fragments of the ovaries left: each was much enlarged and flabby, that on the right side being two and one-half inches long. She recovered promptly, but menstruated regularly each month after two or three months. In June, 1895, she became pregnant. The period of gestation was marked by no peculiar symptoms, and she was delivered of a healthy child March 12, 1896. In this case there must have been some stroma of ovarian tissue left, but the question of interest is, by what means did the ovum reach the uterine cavity? The only explanation is that the tube, after being ligated, must have opened at the stump, thus allowing it to pass through. I have seen the lumen of a varicose vein resume its normal caliber after having been ligated with catgut—absorption having taken place before the coats were destroyed. I presume the same may occur in the Fallopian tube."

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

CARCINOMA OF INFERIOR TURBINATED BONE. (*Med. Rec.*, Aug., '95.)—Douglas: The patient was thirty-one years old. The disease was on left side. The diagnosis was made microscopically.

IRRIGATION TYMPANIC CAVITY. (*An. of O.*, April, '96.)—Dr. Biny advises it only when opening in the drum is large. Dr. Gomperz does not approve of it. Professor Politzer would not like to give it up as a therapeutic measure.

LITHEMIA IN DISEASES OF EYE. Risley claims that next to syphilis lithemia is the most frequent cause. It may also cause conjunctivitis, photophobia and errors of refraction.

ARTIFICIAL DRUMS. (*An. of O.*, April, '96.)—Gomperz has made the observation that where the drum cavity is large with a perforation an artificial drum does not always improve the hearing. Cotton discs were the most effective.

GOITRE, EXOPHTHALMIC, SURGICAL TREATMENT. (*Med. Rec.*, Aug., '96.)—Bemilt reports two cases operated on—one of which resulted in a perfect cure, the other was improved. In both cases the left lobe of the thyroid gland was removed.

MEDICO LEGAL PERFORATION OF THE DRUM MEMBRANE FROM INDIRECT CAUSE. (*An. of O.*, April, '96.)—Corradi believes that ruptures of the membrane due to a fall or blow upon the head usually lie in the edge of the membrane, while, as is known, those due to a sudden change of air pressure are generally found in the region of the umbra and handle of the malleus.

ANOSMIA (LOSS OF SMELL) TREATMENT BY CARBONIC ACID. (*N. Y. M. J.*, June, '96.)—Joal. A siphon was turned upside down and the valve pressed in order to allow the liquid which was above the extremity of the lower tube to run out. At the top of the outlet a rubber tube 8 or 10 inches long was placed, a nose piece was attached and the apparatus was ready for use. The nose piece was placed in the nostril and the valve pressed gently and the gas penetrated the nasal fossæ. It could also be recommended in all stages of violent cold in the head.

MENIERE'S DISEASE—ITS TREATMENT. (*Med. Rec., Edit.*, Aug., '96.)—Vertigo and other accompanying symptoms in Meniere's disease are due to an irritation of the vestibular and cochlear branches of the eighth nerve. Dr. Lemarcey writes of Pilocarpine injections. The case was treated by other methods for a week without help. Then pilocarpine was given. A solution of $1\frac{1}{2}$ grain in $2\frac{1}{2}$ drachms of water was used; of this about six drops were given hypodermically. The dose was increased every second day by one or two drops. A progressive amelioration in the patient took place. In fifteen days he was able to go around and in fifteen days more he had left the hospital.

CORRESPONDENCE.

TRANSPORTATION ARRANGEMENTS FOR THE MEXICAN MEETING OF THE PAN-AMERICAN MEDICAL CONGRESS.

Dr. H. L. E. Johnson, 1400 L street N. W., Washington, D. C., has been elected chairman of the Special Committee on Transportation. All communications relative to rates, reservation in the special trains, etc., should be addressed to him.

A rate of one fare for the round trip has been secured between St. Louis, New Orleans and other trans-Mississippi points and the City of Mexico. It is confidently expected that this rate will be extended over the entire territory of the United States. Arrangements are in progress for a splendidly equipped special

train of sleeping and observation cars, with first-class dining-car service. Dr. Johnson will presently be in a position to announce a rate, which will include railroad fare, sleeping and dining-car service both ways and in the city of Mexico, and covering the expense of various side trips to the most historic points in the Republic.

CHARLES A. I. REED.

Chairman International Executive Committee.

SAN JOSE, CAL., August 28, 1896.

Editors Practitioner, Los Angeles, Cal.:

GENTLEMEN: Kindly permit me to make a correction to a statement made in last month's issue of your journal in an article entitled "All Hail! Santa Clara!"

Your article said: "In the city of San Jose five out of every six physicians entered into the compact." This was a mistake. Every legalized physician in San Jose signed the agreement, including lodge physicians; and the list now includes every physician in Santa Clara county. The signatures embrace those of all schools and now number 116 names. A moment's reflection will show that if one-sixth of the physicians were left out the object of the organization would be defeated.

If it will be encouragement to physicians elsewhere cursed with these lodges to assert their independence, I am glad to add that the work here was accomplished swiftly by two or three determined physicians. The movement met with practically no obstruction. When asked to sign, the physician remarked: "The thing long needed! Just what I've been waiting for!" The respectable lodge physicians, most quickly comprehending the object of the resolutions because best understanding the pernicious undermining influences of lodge doctoring, gave the movement their heartiest support from start to finish.

We are united unanimously here. A president and secretary, and standing committee of ten representative medical men have been elected to perpetuate our work, to interview new-coming physicians and sustain faltering old members, etc. May the wind that has waved the prune trees of Santa Clara soon stir the orange groves of Los Angeles!

Yours fraternally,

LINCOLN COTHRAN, M. D.,

Secretary Associated Physicians of Santa Clara County, California.

[The above communication explains itself; the list first submitted to us contained only eighty-eight names, and hence the error was a natural one. We are very glad to publish the above, and hope some one will soon raise the wind here. —EDITORS.]

COMMITTEES OF THE STATE MEDICAL SOCIETY.

The following are the Standing Committees of the Medical Society of the State of California, for 1896-97:

Clinical Medicine.—John Fife, Red Bluff, Chairman; J. H. Utley, Los Angeles; Robert F. Rooney, Auburn; J. S. Eastman, East Berkeley; George L. Cole, Los Angeles.

Surgery and Surgical Anatomy.—T. W. Huntington, Sacramento, Chairman; W. W. Hitchcock, Los Angeles; J. Henry Barbat, San Francisco; George B. Somers, San Francisco; George W. Westlake, Red Bluff.

Pathology.—Charles M. Fisher, Oakland, Chairman; Albert Abrams, San Francisco; A. J. Sanderson, St. Helena; W. S. Taylor, Livermore. W. R. Cluness, Jr., San Francisco.

Diseases of the Mind and Nervous System.—A. W. Hoisholt, Stockton, Chair-

man; John W. Robertson, Livermore; H. N. Rucker, Oakland; F. D. Bullard, Los Angeles; J. Simon, San Francisco.

Medical and Surgical Diseases of Children.—William A. Edwards, San Diego, Chairman; W. B. Lewitt, San Francisco; L. M. F. Wanzer, San Francisco; Wm. J. G. Dawson, St. Helena; George P. Reynolds, Alameda.

State Medicine and Hygiene and Adulteration of Food and Drugs.—Thomas D. Wood, Palo Alto, Chairman; Frank Howard Payne, Berkeley; M. M. Chipman, San Diego; J. H. Davisson, Los Angeles; W. F. Wiard, Sacramento.

Gynecology.—Walter Lindley, Los Angeles, Chairman; E. G. Frisbie, San Francisco; Luke Robinson, San Francisco; C. E. Cooper, San Francisco; A. M. Taylor, Oakland.

Obstetrics.—D. B. Van Slyck, Pasadena, Chairman; H. M. Pond, Alameda; Anabel McG. Stuart, Santa Rosa; Edna R. Field, San Francisco; A. Fine, Oakland.

Microscopy and Histology.—John C. Spencer, San Francisco, Chairman; C. G. Levison, San Francisco; W. B. Stephens, Alameda; J. Q. Wrenn, Placerville; J. U. Hall, Jr., San Jose.

Indigenous Botany, Materia Medica, Pharmacy and Medical Chemistry.—W. P. Gibbons, Alameda, Chairman; G. F. Hanson, San Francisco; S. B. P. Knox, Santa Barbara; C. L. Gregory, Yreka; J. S. Sargent, Santa Rosa.

Publication.—A. P. Woodward, San Francisco, Chairman; W. W. Kerr, San Francisco; J. M. Williamson, San Francisco; M. H. Woolsey, San Francisco; Albert M. Taylor, San Francisco.

Medical Topography, Meteorology, Endemics, and Epidemics.—C. Max Richter, San Francisco, Chairman; C. W. Nutting, Etna Mills; H. H. Davis, Sonoma; B. M. Gill, Dunsmuir; C. W. Evans, Modesto.

Necrology.—C. C. Wadsworth, San Francisco, Chairman; L. E. Felton, Hanford; C. W. Jones, Grass Valley; C. D. Ball, Santa Ana; W. D. Anderson, Vallejo.

Dermatology and Genito-Urinary Diseases.—D. Granville MacGowan, Los Angeles, Chairman; A. P. Woodward, San Francisco; M. Krotoszyner, San Francisco; L. Bazet, San Francisco; R. L. Rigdon, San Francisco.

Prize Essay.—F. Dudley Tait, San Francisco, Chairman; B. F. Clark, San Francisco; George H. Powers, San Francisco; Washington Dodge, San Francisco; Stanley Stillman, San Francisco.

Ophthalmology.—A. H. Voorhies, San Francisco, Chairman; Archibald L. Macleish, Los Angeles; G. J. Overend, San Francisco; M. H. Woolsey, San Francisco; Rosamond L. Cox, San Francisco.

Laryngology, Rhinology, and Otology.—J. Dennis Arnold, San Francisco, Chairman; W. D. Babcock, Los Angeles; George W. Merritt, San Francisco; S. Trask, San Francisco; E. S. Clark, San Francisco.

Medical Jurisprudence.—A. M. Gardner, Napa, Chairman; H. G. Brainerd, Los Angeles; W. H. Mays, San Francisco; J. R. Curnow, San Jose.

Medical Education and Medical Legislation.—Wm. Ellery Briggs, Sacramento, Chairman; R. H. Plummer, San Francisco; G. L. Simmons, Sacramento; C. N. Ellinwood, San Francisco; Geo. F. Shiels, San Francisco.

Executive Committee.—W. Le Moyne Wills, Los Angeles, Chairman; W. R. Cluness, San Francisco; W. S. Thorne, San Francisco.

Committee of Arrangements.—W. F. Cheney, San Francisco, Chairman; F. B. Carpenter, San Francisco; W. E. Hopkins, San Francisco; R. L. Rigdon, San Francisco; Stanley Stillman, San Francisco.

Special Committee on Revision of By-Laws.—W. W. Kerr, San Francisco, Chairman; C. C. Wadsworth, San Francisco; H. M. Sherman, San Francisco; W. B. Lewitt, San Francisco; W. Fitch Cheney, San Francisco.

Special Committee on Increase of Membership in the Society.—Jas. H. Parkinson, Sacramento, Chairman; R. H. Plummer, San Francisco; George W. Davis, San Francisco.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held July 8th, the following certificates were granted:

- ARMISTEAD, C. M., 4367, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 BACIGALUPI, L. D., 4368, San Francisco, Med. Dept. Univ. Cal., July 13, 1895.
 BUTTERFIELD, W. WEBSTER, 4369, Los Angeles, Bellevue Hosp. Med. Coll., N. Y., March 1, 1868.
 CHACE, W. D'ARCY, Alameda, 4370, Med. Dept. Univ. Cal., May 13, 1896.
 COOLIDGE, THOS., 4371, St. Helena, Barnes Med. Coll., Mo., March 17, 1896.
 EPPINGER, ROSE, 4372, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 EVANS, EDWIN J., 4373, San Francisco, Detroit Med. Coll., Mich., April 30, 1896.
 FELLOWS, ALFRED, 4374, Los Angeles, Northwestern Univ., Ill., June 11, 1896.
 GOING, J. A., 4375, San Francisco, Soc. Apothecaries, London, Dec. 10, 1884. Mem. Royal Coll. Surg. England, Jan. 28, 1887.
 HARRIGAN, J. T., 4376, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 HOAGLAND, G. B., 4377, Berkeley, Jefferson Med. Coll., Pa., May 15, 1895.
 JELLINEK, E. O., 4378, San Francisco, Univ. Vienna, Austria, March 18, 1892.
 KATSUKI, I., 4379, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 KINGSBURY, JAMES, 4380, Los Angeles, Bellevue Hosp. Med. Coll., N. Y., March 1, 1877; Med. Dept. Univ. City N. Y., March 18, 1880; Med. Dept. Univ. Penna., March 14, 1881.
 KRONE, CARL R., 4381, Cazadero, Chicago Med. Coll., Ill., April 28, 1891.
 LAMB, WAH JEAN, 4382, San Francisco, Coll. Med. Univ. Southern Cal., June 3, 1896.
 LEE, ARTHUR S., 4383, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 LOGAN, CORNELIUS A., 4384, Los Angeles, Miami Med. Coll., Ohio, Feb. 28, 1853.
 MALOON, CLARENCE L., 4385, Elmhurst, Med. Dept. Univ. Cal., May 13, 1896.
 MCCULLOCH, T. A., 4386, San Francisco, Med. Dept. Univ. Cal., July 13, 1895.
 MCLEOD, J. G., 4387, Sierra Madre, Med. Dept. Univ. Cal., July 13, 1895; Coll. Med. Univ. Southern Cal., June 3, 1896.
 MORGAN, C. L., 4388, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 MONToux, C. G. R., 4389, E. Oakland, Hosp. Coll. Med., Ky., Feb. 22, 1877.
 MORROW, H., 4390, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 ORR, R. H., 4391, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 PUTNAM, V. E., 4392, Sheandro, Med. Dept. Univ. Cal., May 13, 1896.
 RYER, M. B., 4393, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 STAFFORD, J. F., 4394, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 STERN, A. A., 4395, San Francisco, Méd. Dept. Univ. Cal., May 13, 1895.
 WALLER, N. B., 4396, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.

CHAS. C. WADSWORTH, M. D., Secretary, 518 Sutter Street, San Francisco.



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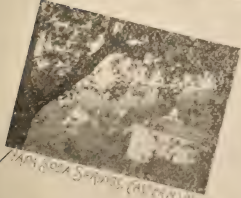
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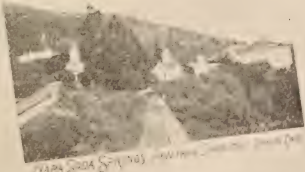
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F. D. BULLARD, A.M., M.D.,

Editors and Publishers Southern California Practitioner.

243-246 Bradbury Block, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

INTERNAL SECRETION.

It is quite probable that there is no such thing as a useless or functionless organ in the human or any other being. Our ignorance of their use, or the possibility of the existence of the animal after their removal, is no proof that they are of no utility. Physiology has made great advances of late; and it discloses more and more the beauties and truths of nature.

The ductless glands are all of use in the economy. Schafer and Oliver after extensive investigations have come to the conclusion that the suprarenal capsules secrete a substance important in maintaining the tonicity of the muscular tissues in general, and particularly of the heart and arteries. In Addison's disease the most marked feature, besides the pigmentation is the profound asthenia, which is all out of proportion to the general condition of the patient. The pulse, too, is small and rapid, and the heart feeble. Experiments prove that such conditions are probably due to the lack of the proper internal secretion

of the adrenals. So physiology in revealing the secrets of these organs, points a way to the logical treatment of the fatal malady called Addison's disease. If further investigation proves the truth of Schafer and Oliver's views, an extract of these organs may be of practical importance in medicine. Just as thyroid medication has been of such wonderful avail in the treatment of myxedema, so may the suprarenal be of importance in conditions characterized by feeble circulation and atony. Possibly neurasthenic conditions may be alleviated by the same means.

One of the more curious discoveries is the demonstration by Curato and Tarulli, that the ovaries have an internal secretion, the products of which favor the oxidation of organic substances containing phosphorus. Therefore, if the ovaries are removed, organic phosphates will be found in larger proportions in the body, and such diseases as osteomalacia might be cured by an ovariectomy. Indeed, the fact that patients suffering from osteomalacia recovered after ovariectomy led to the belief of the existence of such an internal secretion by the ovaries.

Recent discoveries point to the fact that the function of internal secretion is performed by many other organs—the testes, the kidneys, the pancreas, spleen, thyroid gland and liver. The use of thyroids in myxedema and cretinism was so efficacious that the same medication is now used in tetany (a disease which is sometimes seen to follow the excision of the thyroids), and in various forms of feeble-mindedness and insanity. It was noticed that myxedematous patients lost weight when treated by thyroids, and it has, therefore, been used in the treatment of obesity with success. As that medication does not decrease the appetite, Leichtenstein has come to the conclusion that the thyroid gland elaborates a substance which has an especial influence on adipose tissue and on nutrition of the skin in general. Again we find that a physiological action of an organ was accidentally discovered.

The thymus gland has received a great deal of attention the past year, but although several facts have been elicited, physiology is as yet dumb as to the meaning of the phenomena. It was accidentally discovered that thymus gland is beneficial in exophthalmic goitre, the tremor and insomnia being relieved thereby. In acromegaly, the thymus, (as well as another so called internal secretion gland—the pituitary body) is usually enlarged. The administration of the thymus has also caused a great increase of uric acid. As this gland is atrophied after puberty, it is indeed strange that it can have any affect in goitre of adults. Future investigations will doubtless throw more light on this question.

DR. THEODA WILKINS.

Dr. Theoda Wilkins, of Pomona, was instantly killed by being thrown from her carriage Aug. 28th. Dr. Wilkins has been identified with the profession in this county for nine years. She was a woman of unusual talents and had a large circle of friends both within and outside of the profession. Obituary resolutions are sometimes perfunctory, but every word of those passed by the Pomona Society are true and express the real sentiment of all who knew her.

At a special called meeting of the Pomona Valley Medical Society, held at 3 P. M., August 29, 1896, the following resolutions were unanimously adopted:

WHEREAS, The members of the Pomona Valley Medical Society hear with inexpressible regret of the sudden and tragical death of our esteemed associate, the late Dr. Theoda Wilkins, which sad event transpired at 8 P. M., on the 28th inst., in this city, now, therefore, be it

Resolved, That in the untimely death of Dr. Wilkins, this society has lost one of its most earnest, honest workers, and the profession, one whose influence for the cause of humanity and the betterment of mankind will long be remembered. That this society particularly has just cause to recall her earnest, honest and painstaking endeavor to advance the cause of scientific medicine by the liberal contributions from her pen, aided and enriched by a valuable clinical experience; That in all her professional relations, she evinced a steady earnestness, a rugged honesty of purpose and sincerity which not only challenged our admiration, but commended itself to our judgment and emulation.

Resolved, That in token of our sincere respect for the professional standing and personal worth of our colleague, we tender to the family our condolence and deepest sympathy; that we attend as a body on the occasion of the funeral, and lastly that the minutes of this meeting, together with these resolutions shall constitute a memorial page on the Records of this society.

TREATMENT OF PUERPERAL ECLAMPSIA.

Eclampsia having been recently discussed in the Los Angeles County Medical Association, the following line of treatment recommended by Dr. Emory Lanphear, of St. Louis, in the *Amer. Jr. of Surg. and Gynecol.*, will be of interest:

In puerperal convulsions occurring after delivery, whether affected naturally or artificially, we have to deal with a serious problem, but one easily solved by the following plan: Open a vein and inject from one pint to one quart of normal salt solution! This dilutes the toxins which cause the convulsions, and increases the blood pressure to such an extent as to restore urine secretion even if there be a total suppression; within a half hour urine will be found in the bladder. In a few bad cases, it will not have this effect, in which instance the spasms will return in an hour or so. If they do, another intra-venous injection must be made. In only two cases has a third injection been necessary. The quick, bounding pulse accompanying puerperal con-

vulsions is not dependent upon too great amount of blood, but on irritation of the vaso-motor centers by the toxins in the blood; so that the treatment advocated is based upon scientific foundation.

It is not difficult of execution. One must have (1) a large hollow needle, (2) a piece of rubber tubing, (3) something to act as a funnel. Water that has been filtered is boiled, a teaspoonful of common salt being added to each quart, and cooled to 103 degrees. The skin is cleaned over a convenient superficial vein and the vein laid bare by an incision of an inch or an inch and a half; it is temporarily covered with a piece of gauze or clean cloth. Then the funnel (preferably a small glass one) is attached to one end of the tube and the needle to the other. This apparatus is thoroughly scalded out and then the funnel is filled with the hot salt solution. While the fluid is running the needle is inserted into the vein; the funnel is kept three feet above the level of the patient and *must be kept full* by constant pouring, so as not to admit any air, and the needle must be withdrawn while the stream is still flowing. From eight to sixteen ounces is usually needed, according to the size of the patient, etc. This intravenous injection may be relied upon to give relief if carried out properly at an early period, before the nerve centers become too badly poisoned to revive.

SOME GOOD SUGGESTIONS.

Dr. Gould, in an address recently delivered before the American Medical Editors' Association, calls attention to what he terms the unreasoning conservatism that prevails in the spelling of medical words, and attributes it to a dislike of change and ignorance of philology. Dr. Gould is an authority on this subject, and he makes the following recommendations:

1. Abolish the bothersome *æ*, *æ*, supplanting it by *e*.
2. Omit *al*, to adjectives having already the adjectival suffix *ic*.
3. Drop the hyphen in words derived from the classic languages, retaining them only in words of English origin when both are nouns. Write *cul-de-sac*, *culdesac*; *anti-toxin*, *antitoxin*; but write *skin-diseases*, *heart-murmur*.
4. Drop the useless *te* from *curet*, *brunet*, *cigaret*, as we have already done in *quartet*, *corset*, *boquet*, and cut off the *me* in *program*, *gram*, *centigram*, as we do in *telegram*, *diagram*.
5. Use figures instead of writing out numbers above ten.
6. Anglicize foreign terms as far as possible.
7. Adopt the recommendations of The American Association for the Advancement of Science, and drop the *e* in *bromide*, *iodide*, and similar words.

8. Avoid accents and dieresis.

We agree thoroughly with Dr. Gould on all these points, and believe with him that the omission of useless letters and terminations will be an economy of time, space and money, three important items for the over-worked and over-read medical practitioner.—*Ex.*

We will give the above instructions to our proof-reader and thus help along the good work by its practical application.

EDITORIAL NOTES.

DR. R. A. CAMPBELL, (Medical Department, U. S. C., '94,) of Pomona, has just returned from the East accompanied by his bride.

DR. TOLAND, of San Jacinto, has been appointed county physician for Riverside county.

DR. T. J. MCCOY and family have gone to New York for two months.

DR. N. H. MORRISON has returned home after a month's absence in the East.

DR. GEO. S. HULL, of Chambersburg, Pa., who spent last winter in Pasadena, has returned with his family and settled down for the practice of his profession there.

DR. D. W. HUNT, of Claremont, and Dr. E. G. Davis, of DeSmet, South Dakota, have exchanged locations. Dr. Hunt formerly practiced in DeSmet, but has lived in Claremont three years where his wife died about a year ago.

DR. H. N. WALES, (Medical Department, U. S. C., 1895) and wife have gone to Mexico, where he will engage in the practice of his profession.

THERE are three companions with whom you should keep on good terms,—your wife, your stomach and your conscience.

THE department of human physiognomy as exemplified in the Los Angeles Sunday dailies, that is, the department devoted to the illustration of medical quacks and knaves, and their idiotic victims, is a fair argument in proof that many of this world are villians and many of the rest doddering fools. It does not seem sufficient affliction upon us to be compelled to gaze upon this gallery of pocket pickers and their guileless victims, but, if in addition thereto, we are confronted with the details of their victim's disgusting diseases, can one help wishing that no saving angel had called upon them, but that they had early become the prey of their own follies. We would thus at least not

have been forced to realize that the fool killer has a large and varied clientele to yet attend.—*Town Talk, Pasadena.*

THE New Mexico Medical Association, at its last meeting, elected the following officers for the ensuing year: President, Dr. C. G. Duncan, of Socorro; First Vice President, Dr. E. B. Shaw, of Las Vegas; Second Vice President, Dr. Will T. Williams, of Silver City; Third Vice President, Dr. Carl Hagan; Secretary, Dr. J. H. Abernathy, of Socorro; Treasurer, Dr. J. P. Kaster, of Albuquerque.

MR. H. J. SIEMER has been appointed by E. B. Treat to represent that firm in Los Angeles and Southern California. He handles all their works, but is paying especial attention to Hamilton's System of Legal Medicine.

BOOK REVIEWS.

AN ATLAS OF OPHTHALMOLOGY, WITH AN INTRODUCTION TO THE USE OF THE OPHTHALMOSCOPE. By Dr. O. Haab, Professor of Ophthalmology, University of Zurich. Translated and edited by Ernest Clarke, M.D., B.S., (London). Fellow of the Royal College of Surgeons, Surgeon to the Central London Ophthalmic Hospital, Ophthalmic Surgeon to the Miller Hospital, etc. New York: William Wood & Co. Price, \$3. 1895.

This little atlas has 102 colored figures with descriptive text, and 54 pages introduction on the use of the ophthalmoscope.

This is a most excellent book for the beginner in ophthalmoscopic work. The plates are well executed and as accurately colored as any plates with which the reviewer is acquainted. The work is subject to the same criticism that all such treatises are, namely, that it is almost impossible to portray the actual conditions by a hand colored picture. It is necessary for the study of ophthalmoscopy to have the eyes for examination, but this atlas will serve as a guide in the absence of a practiced instructor, or an aid in any event.

A MANUAL OF ANATOMY. By Irving S. Haynes, Ph.B., M.D., adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University, etc., with 134 Half-tone Illustrations and Diagrams. Philadelphia: W. B. Saunders, 925 Walnut St. 1895. \$2.50.

Anatomy was, is and always will be the foundation of medical science. The teachings of anatomy require both good judgment and exact knowledge, and the acquiring of a good and practical familiarity with this branch of medicine is the most difficult task the student has to perform. To grasp the essentials from the immense accumulation of facts, to intelligently remember anatomical data in their relations demands a discriminating memory. Just as a knowledge of history is not the recalling of dates, so anatomical learning is more than the accident of or persistent recollection of isolated facts. Now this we believe to be the marked feature of this work that it treats of the subject, in the rational relations, impressing the importance of a thorough knowledge of the viscera in the relations to the body surface, and the descriptions are given in their natural order as found in dissection. We firmly believe that the first year students can derive more good from such a book as this than from the classic and voluminous Gray.

There is all the difference between reasonable and well regulated study of anatomy and indiscriminating cramming as there is between scientific whist and

bumble puppy. Of course, a great deal depends on the teacher—if he is wise he will not essay to do too much the first round, and this anatomy is strong in what it omits, leaving especial sections and surgical references to other departments, where they ought and will be considered at proper length.

One word as to illustrations, being half tones, they are natural and just as the student sees them, and hence not so distinct as the diagrammatic cuts in the standard works, but we believe that they will be all the more impressive and available for actual every day life. The book contains 680 pages, the mechanical make up and typography is clear and pleasant. This does not claim to be a complete manual, it may be a disappointment to some, but rightly used it will fix the necessities of anatomy in the mind.

A TREATISE ON APPENDICITIS. By John B. Deaver, M.D., Surgeon to the the German Hospital, Philadelphia, containing 32 full page plates and other illustrations. Philadelphia: P. Blakiston Son & Co., 1012 Walnut St. 1895. \$3.50.

This monogram discusses in a full yet concise manner the history, anatomy, etiology, pathology, symptoms, diagnosis, differential diagnosis, prognosis, treatment, complications, sequelæ and after treatment of that common and dangerous malady, appendicitis. The varied symptomatology, complications and difficult differentiations of this trouble make it imperative on the surgeon to be well versed in the literature of this subject. How difficult it is to tell if an appendicitis is present can be judged from the fact that the author attempts to differentiate it from thirty-four pathological conditions having a more or less similar clinical appearance.

Deaver's position as to treatment is emphatic and we believe unassailable, viz: "There is but one course to pursue in order to attain the best possible results, viz: to remove the appendix as soon as the diagnosis has been made." If for any reason an operation can not be made, he advises early and active purgation, and especially disapproves the use of opium in any intra-abdominal inflammation on the ground chiefly that it will mask the symptoms. He reiterates the dictum that appendicitis is a surgical disease, and emphasizes the necessity of early interference. Any one who has witnessed the results of an early and late operation would come to no other conclusion.

Hence the great value of the work lies in its careful technique, its clear description and extraordinary excellence of illustrations. On page 147 there occurs a very pregnant sentence—"The more the fingers displace instruments, the better the results." This coming from so skilful and extensive an operator as Deaver speaks volumes for carefulness. For if there is a place in the world for conservatism it is where nature is trying to wall off the fatal inflammatory products. We have read this book with pleasure and think it will be productive of much good. Men are too apt to praise that which comes within their own capabilities, hence we recommend this to physician as well as to surgeon, that he may know when to call in help.

PAMPHLETS RECEIVED.

SERO-THERAPY IN THE TREATMENT OF TUBERCULOSIS; REPORT OF CASES. By Paul Paquin, M.D., St. Louis. Reprint from Jr. Med. Association, April 18, 1895. Anti-tubercle serum; report and presentations of cases treated; exhibition of serum, etc. Reprint from Medical Fortnightly, April 1, 1895.

ANTIPTHISIN IN TUBERCULOSIS. By C. P. Ambler, M.D., Canton, Ohio. Reprint from Medical Record, Feb. 8, 1896.

Report of 182 cases of pulmonary tuberculosis, treated by the Winvah Sanitarium, Asheville, N. C., with Antiphtisin and Tuberculocidin-Klebs. By Karl von Ruck, B.S., M.D.

HYDRO-GALVANISM OF THE URETHRA. By Robert Newman, M.D., New York. Reprint from Transactions of Electro-Therapeutic Association, 1895.

SARCOMA OF THE CHOROID, GLIOMA OF THE RETINA, AND NEW FORMED BLOOD VESSELS IN THE VITREOUS. By L. Webster Fox, M. D. Reprint from the Ophthalmic Record, Vol. 5, No. 8.

Jefferson Medical College, 72d Annual Announcement, 1896-7.

Post-Graduate Medical School and Hospital, New York. Annual Announcement, 1895-97.

University of Pennsylvania, Department of Medicine. One hundred and thirty-first Annual Session, 1896-7.

Bellevue Hospital Medical College of the City of New York. Thirty-sixth Annual Announcement, 1896-7.

University of Colorado, Colorado School of Medicine. Annual Announcement, 1896-7.

Eclectic Medical Institute, Cincinnati, O. Fifty-second Annual announcement, 1896-7.

Vanderbilt University, Medical Department. Tenth Annual Announcement, 1896-7.

University Medical College, Kansas City, Mo. Announcement, 1896-7.

University of Oregon, Medical Department. Tenth Annual Announcement, 1896-7.

THE SIGNIFICANCE OF GONORRHEA OCCURRING IN PREGNANCY, LABOR AND THE PUERPERAL STATE. By Prof. H. Fehling, Basel, Switzerland. Reprint from Cleveland Medical Gazette, April, 1895.

CASE OF DOUBLE SALPINGO-OOPHORECTOMY WITH EXCESSIVE LOSS OF BLOOD NECESSITATING A SECOND OPERATION WITHIN THREE HOURS; INFUSION WITH NORMAL SALT SOLUTION DURING SECOND OPERATION; RECOVERY. By Hunter Robb, M.D., Cleveland, O. Reprint from Amer. Jr. of Obs., April, 1896.

FOUR RECENT CASES OF EXTRA-GENITAL SYPHILIS IN PRIVATE PRACTICE. By L. Duncan Bulkley, A.M., M.D., New York. Reprint from Jr. Amer. Med. Assn., Jan. 18, 1896.

INFANTILE INTUSSUSCEPTION—A STUDY OF ONE HUNDRED AND THREE CASES TREATED EITHER BY INTESTINAL DISTENTION OR LAPAROTOMY AND A REPORT OF TWO CASES. By Frederick Holme Wiggin, M. D., New York. Reprint from Medical Record, Jan. 18, 1896.

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HYPERTHERMY IN A MAN UP TO 148 F. (64.4 C.). By A. Jacobi, M.D., New York. Reprint from Transactions of the Assn. of American Physicians, 1895.

WHERE TO SEND INVALIDS AND SEMI-INVALIDS FOR THE WINTER. By Samuel S. Wallian, A. M., M. D., Helix, Cal. Reprint from Amer. Medico-Surgical Bulletin, March 14, 1896.

SOME RECENT IMPORTANT ADVANCES IN THE DIAGNOSIS AND TREATMENT OF URINARY DISEASES OF WOMEN. By Howard A. Kelley, M. D., Baltimore. Reprint from Pittsburg Medical Review, Jan., 1895.

PRELIMINARY REPORT ON STAFFORD MINERAL SPRING, NEAR VOSSBURG, MISS. By W. S. Rowley, M. D., Corresponding Secretary, World's Congress of Medico Climatology.

THE MODICUM OF HEARING OF DEAF MUTES; HOW TO USE AND HOW TO IMPROVE IT. By S. T. Walker, M. A., Supt. of Illinois Inst. for the Deaf. Reprint from The Medical Fortnightly, March 2, 1896.

SQUINT—WITH SPECIAL REFERENCE TO ITS SURGERY. By Chas. H. Beard, M. D., Chicago.

THE PATHFINDERS. By James T. Jelks, M. D., Hot Springs, Ark. Reprint from the Jr. Amer. Med. Assn., April 18, 1895.

F. E. HARRISON, M.D., Abbeville, S. C., says: "I have used Celerina in appropriate cases, and can heartily recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion."

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of August, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	84	59	72	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 29.96. Highest pressure, 30.15, date 29. Lowest pressure, 29.82, date 14. Mean Temperature, 71°. Highest temperature 91°, date 30. Lowest temperature 54°, date 8. Greatest daily range of temperature 37°, date 29. Least daily range of temperature 15°, date 22.
2	86	61	74	0	
3	80	61	70	0	MEAN TEMPERATURE FOR THIS MONTH IN
4	79	62	70	0	1876 1883 72° 1890 73°
5	77	59	68	0	1877 1884 73° 1891 75°
6	77	50	66	0	1878 71° 1885 75° 1892 72°
7	82	57	70	0	1879 72° 1886 75° 1893 71°
8	83	54	68	0	1880 69° 1887 70° 1894 70°
9	83	55	69	0	1881 71° 1888 73° 1895 69°
10	79	58	68	0	1882 73° 1889 72° 1896 71°
11	78	61	70	0	Mean temperature for this month for 20 years, 72°
12	82	50	66	0	Average excess of daily mean temp. during month, 1°
13	84	58	71	0	Accumulated excess of daily mean temp. since Jan. 1, 204°
14	81	50	72	0	Average daily excess since January 1, 1°
15	81	61	71	0	Prevailing direction of wind, West.
16	86	63	74	0	Total movement of wind, 2711 miles.
17	85	66	76	.01	Maximum velocity of wind, direction, and date, 15m, W. 29.
18	86	63	74	0	Total Precipitation, .01 inches.
19	82	64	73	0	Number of days on which .01 inch or more of precipitation fell, 1.
20	82	61	72	0	Mean Dew Point, 66°
21	79	59	69	0	Mean Relative Humidity, 77 per cent.
22	75	60	68	0	TOTAL PRECIPITATION FOR THIS MONTH IN
23	79	60	68	0	1879 ..... .00 1885 T 1891 ..... .00
24	76	58	67	0	1880 T 1886 ..... .27 1892 ..... .01
25	80	57	68	0	1881 T 1887 ..... .00 1893 ..... .00
26	81	57	69	0	1882 ..... .00 1888 ..... .08 1894 ..... .01
27	83	61	72	0	1883 ..... .00 1889 ..... .67 1895 T
28	81	63	74	T	1884 ..... .00 1890 ..... .03 1896 ..... .01
29	81	63	74	T	Average precip'n for this month for 20 years, .03.
30	81	63	74	T	Total deficiency in precipitation during month, .02 inches.
31	81	63	74	T	Accumulated deficiency in precip'n since Jan. 1, 4.54 inches.
Mean	82	60	71	0	Number of clear days, 8.
					" partly cloudy days, 21.
					" cloudy days, 2.
					Dates of Frost, Light, none.

NOTE.—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., AUGUST, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direc- tion	Total Mov't
Los Angeles	71.	91.	51.	29.96	77.	1	.01	8	21	2	W	2,646
San Diego	69.	88.	50.	29.99	79.	2	.13	25	9	1	N W	3,072
Santa Barbara	67.5	80.5	50.	29.83	74.	1	.32	21	6	4	W	3,145
Yuma	90.	113.	71.	29.83	51.	7	.32	23	6	2	S W	4,790
Arlington Heights	74.	99.	52.	..	80.	1	0.02	20	2	0	W	..
Ontario	76.	98.	62.	..	..	..	..	..	..	..	W	..
Pasadena	69	94.	52.	..	..	0	.0	..	..	..	W	..
Redlands	79.	102.	61.	..	..	..	1.03	..	..	..	W	..
San Bernardino	75.	100.	50.	..	..	1	0.17	28	2	1	W	..
Santa Ana	..	..	..	..	..	..	..	..	..	..	..	..

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

August, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,684

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY						RACE	
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Chinese and Japanese	African	Mongol	
Deaths from all causes.....	95	11.10	49	46	44	8	39	47	84	5	6	
Deaths under 5 years.....	43											
i. Specific infectious diseases.....	10	1.20	5	5	6		2	2	9		1	
ii. Diseases of the digestive system.....	10	2.28	0	13	7		7	5	17	2		
iii. Diseases of the respiratory system.....	43	2.70	15	28	3	3	6	20	20	1	2	
iv. Diseases of the nervous system.....	11	1.32	4	7	3		7	1	9	2		
v. Diseases of the circulatory system, blood and ductless glands.....	10	1.20	0	4	1	1	4	1	10			
vi. Diseases of the genito-urinary organs.....	1	.12	1		1				1			
vii. Constitutional diseases.....	5	.60	1	4	1		1	1	4		1	
iii. Intoxication, violence, accidents.....	27	.84	0	1		2	3	2	5		2	
ix. Miscellaneous diseases.....	9	1.08	5	4	2		4	3	9			
i. Septicæmia.....	2	.24	2				1	1	1		1	
Pyæmia.....												
Diphtheria.....												
Erysipelas.....												
Typhoid fever.....												
Malarial fever.....												
Scarlet fever.....												
Measles.....												
Pertussis.....												
Cerebro-Spinal Meningitis.....	3	.30		3	2		1		3			
Tubercular Meningitis.....	3	.30	2	1	3				3			
Tuberculosis (not pulmonary).....	2	.24	1	1	1			1	2			
Influenza.....												
Dysentery.....												
Syphilis.....												
Tetanus.....												
ii. Gastritis.....	1	.12		1				1	1			
Gastro-enteritis.....	2	.24	1	1	2				2			
Enteritis.....	2	.24		2	1		1		1	1		
Entero-Colitis.....	1	.12	1					1	1			
Appendicitis.....												
Peritonitis.....	3	.30	1	2			1	2	3			
Cholera infantum.....	4	.48	1	3	1				4			
Intestinal obstruction.....	1	.12		1			1		1			
Diseases of the liver.....	5	.60	2	3			4	1	4	1		
iii. Asthma.....												
Bronchitis.....	1	.12		1	1				1			
Pneumonitis.....	1	.12		1	1				1			
Membranous Croup.....												
Consumption.....	21	2.52	15	6	1	3	8	0	18	1	2	
iv. Diseases of the brain.....	7	.84	3	4	2		1	1	6			
Diseases of the spinal cord.....	3	.36	1	2	1		2		2			
Locomotor Ataxia.....												
Eclampsia.....												
Epilepsy.....	1	.12		1			1		1			
Neurasthenia.....												
v. Diseases of the heart.....	8	.96	5	3	1	1	1	2	8			
Degeneration of the arteries.....	1	.12	1						1			
Endocarditis.....	1	.12		1				1	1			
Pericarditis.....												
Diseases of the Ductless Glands.....												
vi. Uraemia.....												
Prostatitis.....												
Chronic Bright's disease.....												
Nephritis.....	1	.12	1		1				1			
vii. Rheumatism.....	1	.12		1		1			1			
Gout.....												
Diabetes.....	1	.12		1					1			
Inanition.....	2	.24	1	1	1				4		1	
Senility and Asthenia.....	1	.12		1			1		1			
viii. Alcoholism.....	1	.12	1						1			
Opium habit.....												
Suicides.....	3	.36	3				2	1	2		1	
Violence and accidents.....	3	.36	2	1		1	1	1	2			
ix. Tumors—malignant.....	1	.12	1					2	2			
Tumors—non-malignant.....	1	.12	1			1		1	4			
Other diseases.....	4	.48	2	2	2		2		4			

OUR ADVERTISERS.

PREVALENT MALARIAL CONDITIONS.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the especial class of affections which call for their use. Antikamnia may now unquestionably be called a perfect substitute for morphine, for internal administration. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of this combination. "Antikamnia and Quinine Tablets," each containing $2\frac{1}{2}$ gr. antikamnia, $2\frac{1}{2}$ gr. sulph. quinine, meet the indications most frequently. In headache (hemicrania,) in the neuralgias occurring in anemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets will produce the most happy results.

THERE is no opiate that serves the purpose that does Papine. Bromidia speaks for itself. Iodia is an alternative, unsurpassed in its merits. I prescribe these remedies, and specify Battle & Co., because they are so well prepared that I think no drug store or prescriptionist capable of combining their ingredients so nicely, so accurately, and all considered so reliably as they are coming from their laboratory.

J. H. GILES, M. D., West Nashville, Tenn., Dec. 23, 1895.

In fermentative disorders of the stomach, and in corresponding forms of diarrhea, we consider listerine certainly a safe and also a valuable preparation. It is not at all unpleasant to take when properly diluted; especially, then, as an internal antiseptic, and its oily constituents give it a more healing and penetrating power than is possessed by a purely mineral solution. As a toilet antiseptic to use after a post-mortem, or similar work, listerine, with its pleasant odor, need only to be tried to find a permanent place there. Listerine is a very attractive looking preparation, the liquid being crystal clear, with no sediment or undissolved oils whatever. The Lambert Pharmacal Co. have introduced their product strictly through the profession, which attests their faith in its efficiency.—*Maritime Medical News, Halifax, N. S.*

WALKER GREEN PHARMACEUTICAL CO.: Permit me to say that I have dispensed from my office many bottles of your Elixir Six Iodides, for the simple reason that my patients were unable to obtain the preparation from the retail druggists, and for the more important reason to prevent substitution or sophistication, which, although not generally practiced, are unfortunately too frequently met with. The druggist's interest being to sell all the drugs he can, for therein lies his bread and butter, while the physician's lies in an entirely different direction, and that is, to cure his patients as soon as possible.

My experience with Elixir Six Iodides has been so far a most happy one, and I can only congratulate your firm in placing in the hands of physicians so efficient a preparation. I shall continue to dispense it as long as it maintains the present

excellent standard in curative effects. On referring to my case book I find I have of late administered nearly as many as four dozen, which goes to show how frequently the "Six Iodides" can be found useful. The fact remains patent that I have found in this particular preparation a desideratum which no other combination seems to possess. As a typical case I shall mention one of necrosis of the sternum in a young man, with no history of syphilis, where every other means had failed to arrest the destruction of bone tissue or structure. He had been under treatment at one of our best hospitals in this city, and undergone a surgical operation, "Scraping the Bone," etc., which proved useless. The discharge continued, and as a dernier resort he came to me. Three weeks after the institution of "Six Iodides," the ugly sinus had completely dried up. Nor has there been any sign of imperfect cure. Patient reports himself as being perfectly well. Since then has married and is the father of a "bouncing boy," free from any taint of disease whatever. Every alternative, so-called, had been tried in vain; I had almost despaired of ever curing the fellow when he was put on the "Elixir," which did the work most thoroughly. Trusting that the medical profession may be induced to give this truly reliable preparation a thorough trial and be convinced of its intrinsic value.

WILLIAM A. ARMSTRONG, M.D.,
1808 Park Avenue, Philadelphia, Penn.

THE TREATMENT OF NEURALGIC AND RHEUMATIC AFFECTIONS.

D. S. MADDON, M.D., MARION, OHIO.

Extract from the September number of the *Medical Summary*: In spite of extensive researches into the functions of the nervous system, we have not yet succeeded in obtaining precise and certain data concerning neuralgia. Austie thus defines neuralgia: "A disease of the nervous system manifesting itself by pains which appear to follow the course of certain nerves, ramifying sometimes into a few, sometimes into all the terminal branches of those nerves. What is of importance for us to know from its bearing on treatment, is the etiology and pathology of this affection. In order that the functions of the nervous system may be normally performed two conditions must exist, viz;

1. The integrity of the nervous system itself, its cells and fibres.
2. The integrity of the circulatory system.

Another affection whose primal cause is often a matter of as much doubt as is that of neuralgia is chronic rheumatism. This is a term which is loosely applied to many ailments not really of rheumatic origin. Almost any obscure and obstinate pain which is not traceable to some other agency is apt to be attributed to chronic rheumatism. Under this head then there comes to be ranked many aches and ailments which not being of rheumatic origin have no claim to the title. Chronic rheumatism, properly so called, is a milder form of the subacute variety in which there is not sufficient local inflammation to prostrate the patient or to raise the temperature. Just as the acute runs into the subacute, so the subacute runs into the chronic by the insensible gradations. It also exists independently of them. The malady is characterized by the occurrence of pains obstinate in nature, and sometimes shifting in character, affecting the joints, muscles and fibrous capsules. The affected parts may be somewhat tender to touch, but are not, as a rule, distinctly swollen. The pain is increased by damp and cold. It often disappears in fair and returns in wet weather. It is a troublesome ailment which frequently lasts off and on for months, even years. During its continuance there is often laid the foundation of future cardiac troubles. In the age, in the personal and family history of the patient, in the shifting character of the pains, and in the occasional slight rise of the temperature we have the best means of distinguishing true chronic rheumatism from the other ailments, gouty, arthritic and neuralgic, with which it is often confounded. The treatment of neuralgic and rheumatic affections is both constitutional and local. For some time now I have been using the tongaline preparations in the treatment of these maladies and the results so far have been most gratifying.

ST. HELENA Sanitarium Health Food Company's Choice Foods are the product of long and extensive laboratory investigation, and their value has been tested by years of use.

LITHIA WATER TABLETS VS. LITHIA WATER.

The Monthly Retrospect in its July number prefers Lithia Water Tablets to the natural Lithia Water, and says:

We would recommend the using of the tablet for various reasons, viz.: They admit an accuracy of dosage not otherwise obtainable, and unless the physician knows what quantity of Lithia he is administering, how can he expect definite results? If an antiseptic solution, say 2 per cent. carbolic acid, is desired at the clinic, what surgeon would accept a solution of carbolic acid, the percentage of which he was entirely ignorant? Do not the fundamental rules of therapeutics demand an intelligent knowledge of the quantity of a drug administered? What physician would think of prescribing a mixture containing strychnine unless he knew the amount of strychnine in the compound?

The knowledge that it contains strychnine is not sufficient. It is how much. Why then do with Lithia what you avoid with any other drug?

Lithia prescribed definitely is, as we have said, one of the foremost remedies of its kind, but its administration otherwise cannot be too vigorously condemned.

Another salient feature of the Lithia Tablet is the convenience of administration, avoiding the "bulkiness" which is connected with Lithia waters. The cost is less, no doubt due to the fact that the transportation charges of the tablet are fractional compared with that of cases of bottled water; you also avoid the cost of unnecessary and useless containers, cost of bottling, etc.

A bottle with a base about one and one-half inches square and three inches high, containing Lithia water tablets, easily carried in the pocket, constitutes the equivalent of two and one-half gallons definite Lithia water as prepared by Wm. R. Warner & Co.

SANMETTO IN KIDNEY AND BLADDER AFFECTIONS AND ENLARGED PROSTATE.

J. Paterson Lewis, M.D., Member British Medical Association, Alma, Dalbeattie, Scotland, says: "I have used Sanmetto in a large number of cases of kidney and bladder affections with invariably good results. In several cases of old men, with enlarged prostate, unable to keep their bed for only an hour or so during the night, it has given an amount of relief I could not have believed, seeing the supposed fixed cause, enlarged prostate; reducing their getting out of bed to one, two or three times during the night."

"Mr. J., aged 35, a civil engineer, was troubled frequently with rheumatism in left shoulder and side of neck and at such times could not move without suffering great pain. I was called in to treat a severe attack of this kind which was also complicated with supra-orbital neuralgia. I prescribed salol and coal-tar derivatives with but little benefit. I then placed him upon Tongaline, liquid, instructing him to take a teaspoonful well diluted every hour. Within twenty-four hours the pain had entirely left him and he soon made a complete recovery."

GILMAN R. DAVIS, M.D., Ironton, Ohio.

SOUTHERN CALIFORNIA PRACTITIONER.

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NO. 10

H. BERT. ELLIS, M.D.,
F. D. BULLARD, A.M., M.D.,

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ORIGINAL.

IN THE LYING-IN ROOM.*

BY GEO. E. ABBOTT, M.D., CORONADO BEACH, CAL.

Mr. President and Fellows:

I must confess to an inclination to bring before you, if possible, some great achievement of obstetrical surgery, or the results of the latest detective "X ray." Instead of these, however, I would ask you to bear with me for a few moments, in the study of a few of the little things "in the lying-in room."

As one enters the confinement room, his first effort should be to become master of himself, then of the situation, and finally to secure the confidence of his patient. Not infrequently we find the patient excessively nervous and overcome by hysterical fear, the attendants without control going here and there in apprehension, and aimlessly seeking to do something to help the patient.

I well remember a hot July night, when the family physician entered upon such a scene. As he came into the room he was frantically appealed to, to do something for the patient. He paused a moment, then looking at the excited grandmother, said: "Mrs. Blank, do you think it will snow to-night?" All burst out laughing; the doctor had captured the camp. In another moment he had reminded his patient of the thousands of mothers in the world, each of whom had to have her "first baby." The patient was quiet, reassured, took courage, and soon was working with a will and was promptly delivered.

Next to securing the control of the situation, comes the necessity of knowing the condition of the patient and fetus.

If we can with safety postpone a vaginal examination until the severer pains make it less objectionable to our patient, it will be a gain.

This may be done in safety by an external abdominal examination only; and it will add to the patient's confidence in her physician if he can tell her that the

* Read at the Seventeenth Semi-Annual Meeting of the Southern California Medical Society held at Pomona, Cal., June 10 and 11, 1896.

baby's little heart is beating all right. That it is probably a little girl or boy as you find is the longing of the mother heart (quick pulsation, girl; slow, a boy). That the head is coming first and that the back of the head is to the front just as it should be.

A little practice will make us quite expert in abdominal examination; in fact, this should be done and all the conditions above noted be ascertained weeks before labor, when we are first engaged for the same.

Next please allow me to call your attention to this "obstetric bundle."

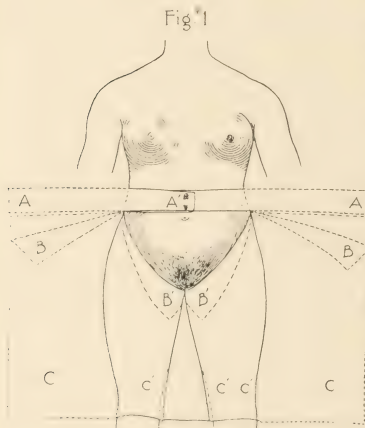
The comfortable old times, when one's conscience was not troubled by asepsis and antisepsis are forever gone. The old New England doctor can no longer rise at night, harness his own horse, tie and blanket him again, warm his frosty

hands, and, neglectful of soap and water, call for the dust-covered lard box and thus make a vaginal examination. No wonder the Episcopalsians prayed for "all women in the perils of child-birth."

Moreover, there are two classes of our patients with whom we cannot afford to have any septic trouble due to ourselves: First, the rich who can pay, but will leave us; second, the very poor who can not pay us for three visits per day, long drawn out in curetting and packing, and continuous douching.

I gladly acknowledge our professional indebtedness to Dr. Howard Kelly for his surgical rubber pad, but I fear to use it time and again for septic operations and then for obstetric work. If it is used, do not let the air out before removing it from under the patient.

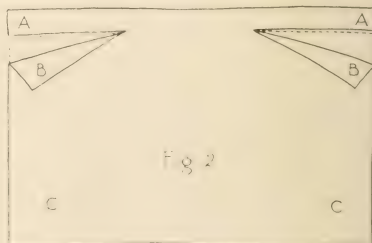
I much prefer to use this obstetric bundle, the contents of which



The canton flannel is to be cut so that the flaps A A may form a belt to be pinned at A. The angles B B are to be turned over so as to fit the fold of the groin when turned over with C to be pinned at B and C.

If the patient is to be delivered on the side, the right half rests on the mattress while the patient is covered with the bed clothes as usual.

After delivery, canton flannel and rubber sheet come away with their contents and the bed proper is left neat and clean.



are all of new material, and are so cheap as to be left with each case for their own use afterward.

The bundle contains:

One yard rubber cloth.	One bottle antiseptic tablets.
Two yards canton flannel.	One catheter.
Two yards aseptic gauze.	One eye bandage.
One nail brush.	One paper safety pins.

Three strands bobbin tape.

These bundles are made, one dozen at a time, and placed with a druggist near at hand. They are then written for and purchased by the patient just the same as any other prescription.

The rubber cloth is used instead of a Kelly pad, and afterward to throw over the nurse's or mother's lap when daily washing the baby.

The canton flannel is cut and applied as represented in figure 1.

The gauze is used as aseptic pads for the vulva, or may be used as a tamponade in case of hemorrhage.

The other things speak for themselves except the "eye bandage." Please allow me to present a reprint from the *New York Medical Record* of some years ago which will explain its use.

THE EYE BANDAGE.

"During the average confinement, at the end of the second stage of labor, while the accoucheur is busy tying the cord and afterward (with the assistance of the nurse) is attending to the safe and neat completion of the third stage, the baby is busily engaged in inoculating his eyes with cultures of *vernix caseosa*, etc., and often has such success that, like many another scientist, he, in due time, becomes blind to everything else, but by no means dumb.

"To prevent this result I have of late practiced as follows: As soon as the child is born, and while I am waiting for the pulsations in the cord to cease, I give the care of the uterus to the nurse and carefully cleanse the face of the baby with damp aseptic cloths, and place over the eyes a narrow bandage (about two inches wide and a yard long), also damp and aseptic, and secure it with a safety pin, then cleanse the baby's hands, tie the cord, wrap the child in flannel, protected by a diaper, and let it care for itself with perfect safety, until the nurse is ready to wash it.



Fig. 2.

"Thus far I have had no ophthalmia neonatorum.

"Of course this will not prevent all ophthalmia, especially those catarrhal forms due to bright light, cold, smoke, dust, and gases from ill ventilation; but by its use, those severe and distressing blennorrhoeal forms of gonorrhoeal, septic, and puerperal infection will, I believe, be largely prevented."

The use of this obstetric bundle has given me a reputation for surgical neatness that has brought me many a good case of obstetrics and thus far in practice I have had no case of puerperal fever.

Another question of the "lying-in room" is the advisability of the obstetrical binder. This is a much mooted question, some advocating none at all, and others this most complete one which encases the entire body from clavicles to the knees.

Dr. Edgar, of New York, editor of the American edition of "Winckel's Obstetrics," uses none at all.

Probably the best article on this subject is found in the latest edition of "The American Text Book of Obstetrics." (Saunders & Co., Philadelphia.)

EARLY OR LATE INSTRUMENTAL INTERFERENCE

is another of the very closely mooted questions of the lying-in room, a subject in and of itself worthy of a long paper.

I believe, however, that in no way can we so effectively save our patient painful suffering, collapse and hemorrhage, and insure a safely delivered child as by early instrumental interference. If, after all progress has stopped, we patiently wait for an hour with no gain whatsoever, I believe we should act. Early assistance to the uterine muscle in the impossible work, conserves just so much more fiber strength for its normal functions.

The uterus is like an intelligent horse, it is willing to work; but having tested its utmost strength to overcome an insurmountable obstruction, it refuses to make further effort. Overcome the obstruction early, and it will cheerfully and efficiently resume its work again.

One may I think sum up all the arguments by saying that

Ignorance! does, and should wait long.
Skill! does, and should act early.

In making instrumental interference, we must leave the child where it is, and fully and largely dilate the external genital tract before attempting its removal. Do not hesitate to pass the hand well up into the uterus if at all in doubt as to the position of the presenting part.

The best dilators are the accoucheur's fingers and hand. The latter should be carefully made flexible, so as to occupy as small a space as possible. A large flexible hand may become smaller than a small stiff hand.

The vulva, vagina and cervix should be carefully but thoroughly dilated under anesthesia so as not only to allow the contracted hand to pass in, but the closed fist to be extracted; the fist even being smaller than the child's head.

Often this manipulation of the external genital tract will cause a reflex action and contraction of the uterus.

Often, also, it makes the difference between a prompt second stage with a live child, or a prolonged delivery with a still-born fetus.

In such instrumental interference chloroform is a most helpful friend and I would suggest the

TUMBLER METHOD OF GIVING CHLOROFORM

to those who have not tried it.

Wet the inside of a wide-mouthed tumbler and press a handkerchief firmly into it. Pour on the chloroform and place it over the patient's mouth and nose. There is so much air space that it is impossible to have the vapor too concentrated. Between the pains press the tumbler against the pillow so as to prevent evaporation of chloroform.

For introducing sutures in case of laceration, the patient may hold the tumbler herself over her face. When it drops, pass the needle.

There are many other little points in "the lying-in room," but my time is over passed and I must desist.

I cannot, however, close this paper without pleading with you all to join me in a system of charges for obstetrical cases.

The old-fashioned thought that the whole thing is a physiological process and "I will confine your wife for a lump sum of —," should stop.

Modern obstetrics is most decidedly a surgical procedure, and should be charged for accordingly.

I would urge the plan of charging so much per visit before labor, so much for the 24 hours of labor, and so much per visit after the labor. This is by far the most just method for doctor and patient.

Let the charge be less or more, as you will; but let us insist on making a good solid charge for the 24 hours of the actual confinement, and prepare ourselves and our patient and instruments as carefully for her delivery as for a vaginal hysterectomy.

In no better way can we call the attention of the public to the fact that modern obstetrics is no longer a midwife's picnic, but a surgical procedure involving the safety of two lives, and often demanding the highest surgical skill.

TUBERCULOSIS: ITS RATIONAL TREATMENT.*

BY CHARLES E. WINSLOW, M.D., LOS ANGELES, CAL.

While preventive medicine has been making gigantic strides in knowledge, curative medicine has followed more slowly along the pathway of science.

In the researches after truth, positive facts have been developed in prevention of tuberculosis, that are substantial, and can be relied upon. While in curative medicine we have but the promise of future discoveries.

Time and again has some scientific investigator given a thought to the medical world, that, like the rising sun, has sent its rays above the horizon, and we have watched for the full coming, to lighten the day, of a positive cure for the dread disease, only to see it fade away, leaving us still groping in darkness.

Since Koch, with his wonderful discoveries, came so far short in his cure of consumption, and others have only met with failure, we view with a skeptical eye the investigations of a Paquin or a Klebs, though hoping that their theories may prove true, and we are cheered by the belief that some scientific research will in the future bring to the light of day a specific that will rid man from this, his greatest enemy.

Of treatments of tuberculosis there is no end.

That therapeutic agents only benefit by aiding general nutrition and alleviating the distressing symptoms which phthisis pulmonalis is heir to, is the opinion of a large share of the medical profession.

Too often where the greatest success has been claimed in the medical treatment the grossest quackery exists. Where any new remedy has been used with apparent favorable results, the patients have had the advantage of hygienic treatment.

The better to cope with this disease we must understand the cause.

That the colonizing of Koch's bacilli in the animal tissue is the prime factor in all forms of the disease is the opinion of most medical men, but there are other conditions which are necessary for the development of the disease, the soil must be prepared to receive the germs, and the conditions favorable to their growth.

All may be susceptible to the infection of tuberculosis, but a great proportion show a powerful resistance to the disease.

That man has wonderful recuperative powers, and with the aid of nature often makes a spontaneous recovery from consumption, even in cases where small cavities have existed, has been proven time and again in the autopsies of those

*Read before the Los Angeles Co. Med. Association, Oct. 2, 1896.

dying from diseases other than phthisis pulmonalis. Old lesions have been found showing all stages of repair. These unexpected witnesses are found in two-thirds of the necropsies of young and old alike. (Kelsch.)

With these facts before us we have a rational method of treating the disease, by removing the causes through hygienic principles, and under climatic influences and dietetic care, to encourage nature in her grand work of cure. A body growing in strength will more readily throw off disease.

The secret of success is to build up the whole system. Pure air and sunshine, good wholesome food and drink, cleanliness and warmth of body, with cheerful surroundings, bringing peace and happiness to the mind, are the best medicines a consumptive can take.

I believe that wherever we repeatedly find the bacilli, even though unable to locate the trouble in the lungs, that a latent tuberculosis exists, ready to kindle into action by sickness, or some other debilitating cause.

In its commencement it is a mild and curable disease, but as it progresses its results grow more and more unsatisfactory. To obtain the best results the patient must place himself entirely in the physician's hands, entering into the spirit of the treatment with a zest, being guided in the life he leads and all he does by his medical adviser. Impress this fact upon your patient, give him to understand that success largely depends upon his faithfulness to your instructions.

In Sanitariums, where hygienic principles have been strictly carried out, even though the climate has been damp and changeable, the results have been encouraging.

The Dettweiler Sanitarium, at Falkenstein, reports twenty-four to twenty-seven per cent. recovered.

Bremer's Sanitarium in North Germany reports similar results under similar conditions.

And in our own country, Bowditch reports forty cases treated at Sharon, near Boston, by careful hygienic treatment, thirteen showed great improvement, six improved, disease arrested ten, unimproved eleven.

With this showing where climatic influences favor the disease, we have a right to expect far greater results with sanitary prophylaxis in a more salubrious climate.

In the selection of a suitable place to send individual cases the physician often assumes a grave responsibility. Some seem to require a cold bracing atmosphere, while a few improve surrounded by dampness, but for the majority a warm dry climate in a high altitude, free from germs, laden with ozone is the most salutary. There the diseased lungs are bathed in an antiseptic atmosphere, the chest is made to expand, the air vesicles enlarge, the red blood corpuscles increase in number and the circulation is improved.

Ingals says: "In the first stage of phthisis, I believe that the patient's chances of recovery are improved from 50 to 75 per cent. by a residence in a suitable climate, in the second stage from 15 to 30 per cent., in the third stage a small per cent will be permanently benefitted, and in a large proportion of others life may be considerably prolonged."

Those in the more advanced stage of consumption should reach the higher altitudes by slow degrees, gradually accustoming themselves to change; as a rule those with organic heart trouble, or extreme nervous temperament should avoid the mountain elevations.

In sending a patient away from home in search of health, recommend him to

some competent physician, and if possible see to it that he places himself in his care.

I am lead to speak of the importance of this after a residence of seven years in a climate where hundreds of invalids come annually. A large share of them see no physician, or are doctored by "letter," and in nine cases out of ten, the home physician does not realize how great is the change of conditions, or that remedies like strychnine and digitalis have a more powerful effect in high altitudes.

Many because of pain and increased expectoration, which is the natural result of the growing expansion of the chest, and is a good rather than an alarming symptom, hurry back to their homes, and decry the climate that would have given them longer life had they consulted a physician before deciding to return.

Others with no experienced mind to guide them, become a law unto themselves, and so live as to counteract the good the climate might have done them, or falling into the hands of some medical outcast, find when too late, their money gone and hope ruined.

Those in the earlier stages may stand a certain amount of "roughing it," but more advanced cases should not go among strangers alone, to depend upon the food and care they would find in the average boarding house or hotel. Some one should accompany them to see that they receive proper nourishment and have comfortable accommodations, to provide pleasant surroundings, and cheerful company, diverting their thoughts from themselves and preventing as much as possible their talking over their symptoms and comparing notes with other invalids, which is depressing. In the later stages they are often incompetent to judge for their own good, the mind becoming more or less affected by the disease. The ingenuity of the nurse is severely taxed, and the greatest wisdom required to manage them. Taking a pessimistic view of everything, not contented to "leave well enough alone," they, like most chronics, are easily lead astray, or growing despondent cease making the effort to recover.

The stomach must be kept in good condition; on it depends to a great extent the ability of the patient to overcome the disease, this should be borne in mind by the physician, and care taken that nothing in his treatment interferes with its healthy action. Where there is persistent gastric trouble the patient rarely recovers. Outdoor air and a moderate amount of exercise tends to promote digestion.

No regular rule can be followed in regard to diet, their wants are so varied, their likes and dislikes so different. Humor their cravings as much as possible, forcing them to take nothing for which they have an aversion. Develop the appetite by having a variety; create a relish of food with dainties, encourage them to eat only good wholesome food, making the mistake of eating too much rather than too little.

The kind and amount of clothing is an important item in the hygiene of the invalid; it should be warm and comfortable. There is a tendency in this class of patients to load themselves down with a surplus of clothing, keeping up a continual perspiration which is debilitating, though some under the false theory that it toughens their system go to the other extreme.

The consumptive should live as much as possible in the open air, being cautioned to avoid the chill that usually precedes sundown in the higher altitudes, remaining indoors during damp weather. Exercise is one of nature's leading agents; it should be mild or exhilarating according to conditions, just how much and of what sort is best will depend upon the patient's strength, never allow it to produce extreme exhaustion.

Harden the muscles by kneading and rubbing—keeping the skin in a healthy glow by cleanliness and friction.

The patient should take every precaution against recontamination from bacilli-laden dust and infected food. There is less danger from that source in a sanitarium or consumption resort where strict sanitation is carried out than in the every day life at home.

While advocating nothing new in this line of treatment, I believe it comes nearer being a specific than any known therapeutic agent.

We should aid and encourage all honest investigation, but in our search after science we must not lose sight of the practical.

The scientific and practical united will make a combination whose strength is unmeasureable.

While guiding our patients in ways of health, let us look forward with certain hope for the coming time when a master mind shall flash before the world the brilliant discovery which will speed the day of freedom from this curse of mankind.

Bradbury Block.

SERO-THERAPY IN TUBERCULOSIS.

REPORT OF CASES TREATED WITH PAQUIN'S SERUM.*

BY HORRILL TAYLOR, M.D. MENTONE, CAL.

Mr. President and Members of the Association:

I have to offer some clinical notes of cases treated with Paquin's anti-tubercle serum.

CASE I.

July 14th, 1895.—Dr. H. T.; married; without children; age 39; previous residence, New York City, N. Y.; not hereditary; present weight, 118½ lbs.; normal, 125 lbs.; height, 5 feet 5½ inches; pulse, 116; temperature, 100° F. in P.M.

Six months ago was very ill. Improved with climatic and general treatment up to March, 1895; since then has made but little progress. Coughs a little in the evening and morning, and expectorates a small quantity. Evidences of cavity in left upper lobe. Has the cachexia well marked and does not recuperate well after slight exertion. Appetite fair and digestive system in good condition. Administered 10 minims Dr. Paquin's Anti-tubercle Serum to-day.

July 17th.—20 minims.

July 19th. Axillary glands enlarged.

July 20th.—A good deal of irritation about the parts injected.

July 27th.—Urticaria.

July 30th.—All of the above symptoms disappeared yesterday, and patient began for the first time to note improvement.

Aug. 4th.—Has been taking from 15 to 18 minims. Tires less easily and recuperates more rapidly; complexion improved; skin better color, redder; cough and expectoration continue the same; temperature 99° F. in afternoon.

Aug. 16th.—Takes 24 minims.

Sept. 11th.—Weight, 120 lbs.; temperature 99° F. in afternoon. Has been taking from 24 to 28 minims.

Sept. 20th.—Weight 124 lbs.

Oct. 11th.—Weight 126 lbs.

Oct. 15th.—Weight 128 lbs.

Oct. 17th.—Weight 129 lbs.

Nov. 5th.—Weight 132 lbs.

Nov. 21st.—Weight 133 lbs.

January 31st, 1896.—Cough and expectoration ceased entirely on Dec. 12th and the serum was discontinued. The patient has been engaged in active practice. Took cold on January 12th and developed a cough for a few days. After this there was some expectoration without cough, and it was deemed advisable to commence the serum again, which was done to-day.

Feb. 8th.—No reaction followed the resumption of the serum. Weight, 134½ lbs.

April 16th.—Weight 137 lbs.; slight cough and expectoration; temperature normal. Occasionally one or two bacilli can be found on a slide. Patient is actively employed in the practice of his profession.

Aug. 27th.—Patient lost seven pounds during the excessively hot weather of June and July, but has gained five pounds since taking a three weeks' trip to the mountains. A small quantity of sputa is still expectorated in the morning. Occasionally I have been able to demonstrate a few tubercle bacilli, and they are still present. Little or no cough. Serum continued in doses of from 25 to 30 minims daily.

CASE II.

December 20th, 1895.—Mr. C. H. C.; age, about 45 years; married; lawyer; duration about four years. Disease has made but little progress for a year. Max. temperature, 99° F.; appetite and digestion, fair; dyspnea on slight exertion; distressing cough and profuse muco-purulent expectoration; moist rales over entire left lung and upper and middle lobe of right lung, both anteriorly and posteriorly; urine heavily loaded with albumen; no edema. Commenced the serum to-day in five minim doses.

Jan. 13th.—Increased to 20 minims. Very little reaction. Albuminuria not effected.

Jan. 16th.—Cough and expectoration diminished; appetite improved; has gained in strength.

Feb. 13th.—Physical examination shows condition of lungs improved; has made further gain in strength; no gain in weight.

March 6th.—Has been taking 25 minims of serum for some time. Ten minutes after dose to-day became weak and experienced very severe pain in sacral region and in lower extremities; passed off in a few minutes; albuminuria unchanged.

April 5th.—Has taken two to ten minim doses most of the time and has had several attacks more or less severe. Little improvement with small doses.

May 1st.—Larger doses are to be tried, injecting the first few minims very slowly, not faster than a half minim per minute.

July 20th.—Patient went into the mountains and treatment was discontinued.

Aug. 27th.—Is anxious to resume treatment and I have ordered serum for him.

CASE III.

Jan. 6th, 1896.—Mr. H. S. C.; U. S.; age, 45 years; married; rancher; duration three years; cough almost constant during the day; very distressing; sputa muco-purulent and swarming with tubercle bacilli; dyspnea on slight exertion; dullness over right lower lobe, posteriorly; evidence of cavity in right upper lobe.

Disease made little progress during the summer, but patient has lost ground during the past few weeks.

Commenced serum to-day with five minims.

Jan. 16th.—Has reached 20 minims; slight reaction; local redness, etc.

Jan. 30th.—Cough and expectoration have diminished perceptibly; dullness less marked; condition of lungs improved.

Feb. 23d.—Right lower lobe clearing up.

March 16th.—Cavity in right upper lobe dryer; condition of lungs improved; cough and expectoration diminished; less dyspnea; more strength and energy; able to do a little work about ranch.

April 21st.—Has gained five pounds since serum was commenced; pulse, 80; temperature, 99° F. max.; bacilli still very numerous but seem to be undergoing degenerative changes; stain less readily and some take the stain irregularly; some irregular in shape.

July 25th.—Since July 22d has taken the serum only every other day and 35 minims at a dose. Still continues to improve.

Aug. 29th.—Less dullness over right upper lobe; cavity seems to have closed; chest wall slightly sunken. No rales. Still some dullness over right lower lobe. No rales. Left lower lobe seems to have cleared up; no rales nor dullness could be detected.

Treatment to be continued.

CASE IV.

Jan. 14th, 1896.—Mr. F. B.; Norway; age, 35; single; miner from Butte City, Montana; duration three years, quit work in January, 1895; present weight, 118 lbs.; normal, 145 lbs.; cough severe; sputa abundant and purulent; poor appetite; digestion impaired—acid fermentation; sleeps poorly; can walk about a quarter of a mile and back, by stopping once or twice to rest. Marked dullness on percussion over lower lobe of right lung; moist rales over both lungs, both anteriorly and posteriorly; commenced serum to-day with five minims.

Jan. 19th.—Reached 25 minims to-day; very little reaction.

Feb. 2d.—Evidence of cavity in lower part upper lobe, left lung; little change otherwise; appetite and digestion improved; has a little more energy; pulse, 92; temperature, 100.4° F.

Feb. 13th.—Weight 116½ lbs.

Feb. 20th.—Max. temperature for four days ranged from 99.2° F. to 101.6° F.; weight, 115¼ lbs.

Feb. 26th.—Has failed gradually but not as rapidly as before taking the serum; finished fourth bottle yesterday; abandoned serum for Dr. Cyrus Edson's Aseptolin to-day.

April 1st.—Continued the Aseptolin until March 18th, losing ground more rapidly than with the serum.

April 23d.—Died, with symptoms indicating cerebral and meningeal tuberculosis.

CASE V.

Jan. 14, 1896.—Mr. G. W. A.; U. S.; age, 39; married; two sisters and an uncle died of consumption; traveling salesman; has been intemperate; normal weight, 165 lbs. to 174 lbs.; height, 6 feet 1 inch; duration two years; distressing cough and abundant expectoration of muco-purulent sputa, which sinks in water; sputa swarming with tubercle bacilli; no appetite; indigestion with acid fermentation; vomits; larynx involved for several months; voice husky; pain on swallowing; left lower lobe consolidated; moist rales over upper left lobe; moist rales over entire right lung, but not marked over middle lobe; expansion two inches. Commenced serum to-day.

Feb. 4th.—Appetite and digestion improved. Cough and expectoration diminished.

Feb. 11th.—Throat less painful.

Feb. 20th.—Voice less husky; cough and expectoration very much diminished.

Feb. 26th.—Patient much frightened by the alarming symptoms which developed while the serum was being given to-day. He insists upon abandoning the serum and taking Dr. Edson's Aseptolin.

April 3d.—Resumed the serum to-day; not benefitted by the Aseptolin and lost what he had gained with the serum. No appetite. Nausea and vomiting.

April 14th.—Took Aseptolin and serum from April 3d until yesterday, when he abandoned the Aseptolin.

May 1st.—Appetite and digestion improved; throat very painful, necessitating cocaine. Had another alarming attack on April 23, but not so severe as the first one. On April 24th, while giving the serum very slowly, and after three or four minims had been injected, he seemed threatened with another attack, but the symptoms soon passed off, and the remainder of the 20 minims caused no further disturbance. Since then I have consumed about eight minutes in giving the first four minims, and have had no trouble in administering 20 minims.

May 15th. Has been taking from 20 to 23 minims. Says that he feels better, enjoys his food and sleeps well.

May 27th.—Diarrhea for two days; quite weak.

June 1st.—Digestive system in good condition again; has a good appetite.

June 6th.—Gave 25 minims without unpleasant effect. Then gave five of the 10 that were left in another place and there immediately followed a sensation of oppression in chest, flushing of the face and intense pain in the lumbar and sacral regions which passed off through the lower extremities in a few minutes. Then gave the remaining five minims without further trouble.

June 30th. Has been taking from 30 to 35 minims since June 7th. Larynx worse. Losing strength.

July 7th.—Diarrhea. Weaker.

July 12th.—Lost hope. Serum discontinued.

July 19th.—Failed rapidly and died to-day.

This patient continued to have, about once in two weeks, flushing and pain in back. Gradually became less severe. Towards the last they were delayed for several minutes after the injection. The peculiar symptoms caused by serum seemed to be due to the manner in which it entered the circulation. I was always careful to withdraw the needle slightly and work the point to and fro. He had no albuminuria. Sputa examined frequently and always found swarming with tubercle bacilli. His appetite continued good and he was able to be up and dressed until a few days before he died.

CASE VI.

March 25th, 1896.—Mr. H. A. R. J.; England; age, 26; single; author and scholar; height, 6 feet 6 inches; normal weight, 180 lbs; present weight, 165 lbs.

Broke down in 1893 after taking honors at Oxford University, England. Spent three years in Australia, and came to California in October, 1895. Anemic; finger ends clubbed; little recuperative power; moderate cough; expectorated half an ounce of muco-purulent matter, sometimes streaked with blood, during the 24 hours; cavity lower part left upper lobe; dullness over left lower lobe pos-

teriorly; moist rales over entire left lung; some dullness and moist rales over right upper lobe.

Came to Mentone, Feb. 17th. to take Edson's Aseptolin treatment, which he commenced Feb. 18th. As he derived little or no benefit he desires to take the serum in addition to the Aseptolin, and has commenced with five minims to-day, March 25th.

April 5th.—Gave up the Aseptolin to-day, and takes 25 minims of serum.

May 1st.—Has been taking from 25 to 28 minims. Gained in strength and recuperative power, and looks better. Not so anemic; has better appetite. Right upper lobe clearing up; moist rales less marked in left lung; cavity dryer.

May 14th.—Has been taking 45 minims since May 7th. Leaves to-day for Switzerland, where he will continue the treatment.

CASE VII.

April 10, 1896.—Miss A. J.; age, 26; single; lives with mother; duration eight years; has been failing rapidly of late; normal weight, 160 lbs.; present weight, 116½ lbs.; appetite variable; vomits after coughing; digestion, fairly good; temperature at 1 P. M., 99.8° F.; pulse, 92; urine, S. G. 1008; no albumin nor casts.

Chest expansion seven-eighths of an inch. Marked dullness over entire left lung, both anteriorly and posteriorly. Moist rales but no evidence of cavity. Right lung does not appear to be involved. Sputa swarming with tubercle bacilli.

April 24th.—Finished first half ounce of serum to-day. Some reaction. Erythema, urticaria and enlarged axillary glands.

May 10th.—Has been taking 25 minims since above date; gained 1½ lbs. in weight; coughs and expectorates less; does not vomit; appetite improved. Has gained in strength and recuperative power. Shows improvement in color of skin and facial expression.

June 1st.—Has been failing for some days. Lost appetite. Weighs 114 lbs.

June 12th.—Took last dose serum June 5th. Has failed more rapidly since.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRS. F. D. AND ROSE T. BULLARD.

COUNTER-IRRITATION IN THE TREATMENT OF HERPES. (*Med. Rec.*, Sept. 26.)—Dr. Theoda Wilkins reported cases successfully treated by this method. In all or nearly all cases search will reveal a tender spot higher up over the nerve trunk and over this the blister was always applied. There was no other medication; the herptic eruption dried up within about 24 hours.

TUBERCULOSIS AND HEART DISEASE. (*Boston Med. and Surg. Jr.*, Oct. 8.)—Weismayr (*Wien Clin. Woch.*) revives the old question as to the liability of patients already suffering from heart disease being attacked by pulmonary tuberculosis. Although he reports six cases in which this occurred, they form so small a proportion of the large number of cases of cardiac disease and especially of tuberculosis, which have passed under his observation, that he is driven to the conclusion that the hyperemic condition of the bronchial mucous membrane dependent on the former furnishes a very poor soil for the development of tuber-

culosis, and even if it has already begun its progress is very slow, while it may run its course without symptoms.

ANTITOXIN IN DIPHTHERIA. (*Indiana Med. Jr.*—Dr. H. C. Wood, in an article on "The Animal Extracts in Disease," says that though he will agree with some in believing that the exact value of the treatment has not been thoroughly established, yet on the other hand he is "absolutely of the opinion that the value of the treatment has been sufficiently shown to require every conscientious physician to use antitoxin in diphtheria just as much as he would use quinine in malaria." He also states unqualifiedly that he "can not find any case on record in which a fatal result in diphtheria was fairly attributed to the antitoxin." The noted Langerhaus case was due to asphyxia from food embolism, as the autopsy showed, in spite of the professor's denials.

TREATMENT OF ANEMIA OR CHLOROSIS IN YOUNG WOMEN IN THE DECADE FOLLOWING PUBERTY. (*Cleveland Jr. of Med.*)—Dr. J. H. Montgomery, Erie, Pa.

1. *Hygienic Measures.* Directions as to proper clothing, the necessary amount of rest and the importance of observing regular hours in eating, sleeping, etc., and above all, the avoidance of fatigue. The patient is only made worse by following the suggestion "Take plenty of outdoor exercise and you will be all right." A complete rest for two hours in the afternoon is important and always ordered. They should retire not later than 10 P. M. If attending school, should stop for a time.

2. *Dietetic Measures.* Nourishing and substantial food. Avoid candy, pastry, ice cream, pickles, etc. Stimulants are seldom indicated as a food.

3. *Medicinal Measures.* Iron in some form is almost a specific; hydrochloric acid is of value in many. He prefers the sulphate of iron in doses of from six to twelve grains daily after meals, and trusts to it to overcome constipation if present, explaining the importance of having the bowels move at a certain time each day. In most cases he orders dilute hydrochloric acid in 20-drop doses, to be taken in a glass of water with meals; in some cases pepsin is also ordered. The iron must be decreased gradually and continued for six or eight weeks after the patient is well.

(A list of 15 cases is appended giving per cent. of hemoglobin at various stages of treatment.)

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

A NEW METHOD OF DISARTICULATION AT THE HIP. (*Brit. Med. Journal.*)—Quenu (*Revue de Chir.*) has recently communicated to the Société de Chirurgie a new method of removing the lower extremity at the hip, by which bleeding in the course of the operation may be reduced to a minimum. After double ligature and division of the common femoral artery and vein, he traces an internal flap, the length of which is equal to the diameter of the root of the limb. At first the skin only is incised and freely detached from subjacent parts. The sheath of the femoral vessels is next opened along the inner border of the sartorius, and the attachments of these vessels to surrounding muscles are separated by the finger. The pudic arteries are now tied, together with the internal saphenous vein near its opening into the femoral vein. The internal circumflex

artery is then tied at the middle of the pectineus. The external or superior border of the adductor brevis having been drawn inwards, the femoral artery is displaced inwards and the profunda and its muscular branches are exposed. This artery is now ligatured and the long and short adductors and the internal vastus are divided. The sciatic nerve and its accompanying artery are next exposed and divided. After rapid section of the rectus, sartorius, and gluteal muscles, the head of the femur is disarticulated or the bone sawn through just below the cotyloid cavity.

CYSTICOTOMY, THE NEW OPERATION. In the *Prog. Med.*, Moral Baudouin describes what he calls "the new operation with a future," cysticotomy, which is for the cystic duct what choledochotomy is for the common bile duct, and requires the same technique (*Jour. A. M. A.*) Only one of the ten observations reported resulted fatally, and that was accompanied by cholecystectomy. The indication is a large calculus engaged in the cystic duct, which it is impossible to dislodge by manipulation, or to crush without injury to the walls of the duct. The retention is sometimes due to a stricture. The abdomen opened, adhesences released, the duct well in view, the calculus under the finger, the cystic duct is slit lengthwise above the calculus, and the opening made large enough to extract it without tearing the edges, as the walls are generally inflamed and easily lacerated. The only question is whether to drain or not in a simple cysticotomy, when the adhesences have not been numerous; of course a complicated operation requires draining, and even tamponing. The operation is usually simpler than choledochotomy on account of the more accessible position of the duct. The operation is new to France, the observations being gathered from English, German and Belgian sources.

OPERATION FOR ATRESIA VAGINAE. Mackenrodt (*Centralbl. f. Gyn.*, No. 21, 1896) points out that attempts to keep the artificial vagina open by tampons after operations for this condition are seldom permanently, if even temporarily, successful, and states that he has recently in two cases successfully substituted a vaginal wall by transplantation of flaps obtained in operations for prolapse on otherwise healthy women. The new canal is prepared and plugged with iodoform gauze till its inner surface is covered with healthy granulations, and is then lined either by several single flaps which are kept in position by a tampon, or a lining is formed by sewing a number of flaps together round a Cusco speculum, and introduced with its wounded surface external into the granulating canal, and fixed by a tampon, which in either case is not removed for eight or ten days.

METHODS OF TREATING INTERNAL HEMORRHOIDS. (*Med. Mir.*) Dundore (*Mathew's Quarterly*) presents the following conclusions, based upon a large correspondence with American surgeons: (a) The ligature is the safest method, as there is less likelihood of its being followed by hemorrhage, strictures or ulcers. (b) The clamp causes less pain and a shorter convalescence, but hemorrhage and stricture of the rectum may very often follow its improper application. (c) Whitehead's method should be limited to those cases in which the entire circumference of the anus is involved. In ordinary cases of one or more hemorrhoids it should never be used. (d) Simple dilatation of the sphincter, injection of carbolic acid and Manley's method are simply palliative. ■

RESECTION OF THE INTESTINE FOR TUBERCULOSIS.—Caminiti-Vinci (*Rif. Med.*; *Brit. Med. Jour.*) reports the case of a man, aged 24, without any tuberculous history, who for the last nine months had suffered from severe pain in the left superior quadrant of the abdomen, aggravated by food; no diarrhea or

vomiting. In the affected part an ill-defined swelling could be felt, descending slightly with inspiration, rather painful on palpation. The patient was admitted into hospital on Feb. 22, 1896, and as he did not improve under various methods of treatment, laparotomy was performed on March 8. The omentum was found thickened, hard and adherent to the small intestine for about 10 cm.; this was excised, and also about 30 cm. of the intestine itself with its mesentery and glands. The parts were sutured, the whole operation lasting about two hours. The patient did well, save for an attack of bronchial catarrh. No tubercle bacilli were found in the sputa. On April 25 the patient went to work, feeling quite well and free from pain, and when last seen, four months after the operation, was still in good health. Macroscopic and microscopic examination proved the tuberculous nature of the disease in the parts removed.

SODIUM FLUORIDE AS AN ANTISEPTIC. (*Memphis Medical Monthly*.—According to *Nouveaux Remèdes*, sodium fluoride (fluorol) is reported by Duclos to be a valuable antiseptic. It is a bluish white odorless powder, having a saline taste. It is preferable to sublimate, silver nitrate, formol, and permanganate, being painless when applied subcutaneously. It is a powerful germicide in half per cent. solution. It does not coagulate albumin, hence more diffusible. It is especially useful in ophthalmic practice on account of entire absence of irritative or caustic action.

ABDOMINAL PARACENTESIS: DRAINAGE BY A CAPILLARY TUBE.—Dr. Nalty (*Sem. Méd.*, 1896) performed an abdominal paracentesis by means of a small trocar on a patient of 65 years. After about two litres of serosity had been removed he introduced a capillary tube through the trocar, which was then taken away and the small tube left fixed with diachylon. After 10 days, during which 25 litres of serosity ran out, the ascites and edema of the inferior members disappeared completely. Then Dr. Nalty took away the drainage tube and obturated the orifice of the puncture with diachylon. The recovery has been complete.

INTESTINAL OBSTRUCTION AFTER VAGINAL HYSTERECTOMY.—Giresse (*Thèse de Paris; Brit. Med. Jour.*) shows that obstruction occasionally follows the removal of the uterus through the vagina. It may be due to mechanical causes or to pelvic peritonitis. The latter may make confusion as to whether it be the cause or the effect of the destruction. Diagnosis is particularly hard, and not rarely mechanical obstruction and peritonitis may exist together as pure coincidences. For the obstruction there is only one course. The vaginal tampon must be removed and the obstruction examined. As a rule there are adhesions which can be broken down with the fingers. Giresse has seen cases successfully treated in this manner. When the obstruction cannot be relieved thus, it is not advisable to do an abdominal section to search for the seat of the disease, as a localized peritonitis of a low type usually exists and might spread if the abdomen were opened. The safer course is to make an artificial anus to open into the vagina.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

PAIN AFTER LAPAROTOMY. (*Memphis Medical Monthly*, September.)—Dr. Byron Robinson has cooperated on a number of cases for annoying abdominal

pains which massage, electricity, etc., did not relieve and concludes that the pain in peritoneal adhesions is due to the checking of the peristalsis in a viscus with a long pedicle and an active peristalsis of the sigmoid flexure, loops of small intestines, Fallopian tubes and bladder. The chief site of the adhesions is the cut ends of the Fallopian tubes or some point of the abdomen denuded of its peritoneal endothelia. Adhesions about fixed organs, as the liver, spleen, flexures, etc., do not induce pain, as their limited rhythm is not materially checked. In reoperating we should free all the highly peristaltic organs and cover up with peritoneum all exposed mucosae or denuded endothelia.

THE PASSING OF THE OVARY.

"The times have changed," the ovary said:
 "I am hopelessly out of date.
 I have dropped from out the zenith of fame,
 I have nothing left but a blasted name,
 For Battey is dead, and Keith is dead,
 And what has become of Tait?"

My place in the alcohol jar is ta'en
 By a blind, malicious worm.
 It is hard for a lady of parts to be cut
 By a mere cedilla under a gut!
 But I'm out of the fashion and on the wane,
 And you now triumphantly squirm.
 So, Appendix, adieu,
 It is time I withdrew—
You may hear from me again."

—*Southern Medical Record.*

INTRA-PERITONEAL RUPTURE OF OVARIAN CYSTS.—There are about three hundred cases of these ruptures on record, and where they used to be followed by grave consequences, modern asepsis has much reduced the fatality, which was 63 in 127 cases (Nepveu, *Annales de Gyn.*, 1875). The recent cases of gelatinous effusion have all recovered after laparotomy, and Professor Lannelongue reports several cases of ruptured cysts discharging fluids and pus into the peritoneal cavity, which recovered after ovariectomy, without septicemia or drainage, showing that the pus must be sterile. Animals inoculated with the gelatinous effusion did not show any septic consequences. Hence, infection need not necessarily follow the escape of the fluid into the abdomen during the operation. The *Bulletin Medical*, March 29, devotes several columns to a discussion of this subject by the Bordeaux *Societe de Gynecologie*.

WOMAN'S INFERIOR SENSITIVENESS TO PAIN.—Ottolenghi reports in the *Cbl. f. Nerv. u. Psych.*, No. 7, that he has been testing with Edelmann's faradimeter the sensitiveness to pain and the endurance of pain in 682 women. He finds that women are less sensitive to pain than men, and that this sensitiveness is less in early life, increases to the twenty-fourth year, and decreases after that. The higher classes are most sensitive, and degenerates the least. He found the latter very obtuse to the sensation of pain. Endurance of pain varies between much broader limits in women than in men, reaching a maximum far beyond the masculine limit, possibly due to great "suggestibility" of the female sex. "General sensibility" reaches the highest point in the nineteenth year. He concludes from his investigations that sensitiveness to pain stands in close relation to the "psyche," while "general sensibility" depends upon the peripheral nerves. He considers woman's comparative insensibility to pain as a sign of her inferiority to man, as the uncivilized and degenerates are the least sensitive. He also attempts to prove a connection between this characteristic and her longevity.

SURGICAL INSTRUMENTS AND APPLIANCES OUT OF PLACE. (*Journal American Medical Association.*)—The following cases of foreign bodies left in the abdomen after laparotomy are cited in the last number of our Spanish contemporary, *El Siglo Médico*: "Sir Spencer Wells twice forgot forceps in the abdomen; Pilatte, a compress; Terrillon, a forceps; Quenu, a compress; Michaut, a roll of iodoform gauze; Severnao, two binders of 1.30 meters long. The utmost care of instruments should be taken during a laparotomy, for, as Pozzi says, a pair of forceps may slip into a basin or be carried off attached to the tumor or to a sponge without being perceived and lead to the opposite error. H. C. Coe, on two occasions, reopened the belly to search for a sponge that had fallen into a pail."

PREVENTION OF SUPPURATION IN ACUTE PELVIC INFLAMMATIONS. (*Medical News*, Sept. 5.)—Wm. R. Pryor, M.D., says: The observation and experience of six years with conservative curettage have taught me to surely expect a complete recovery in cases of acute endometritis with salpingitis and peritonitis when seen early in first attack. For two years, in all such cases, I have operated as follows: The uterus is thoroughly curetted and irrigated. All instruments being changed, in a few minutes the culdesac is opened and a wide blunt dissection made in the vagina and culdesac by separating two fingers. The fimbriated ends of the tubes are opened if found closed. All serous-fluid accumulations are evacuated, and the pelvis wiped dry. No irrigation is here used. I then pack from three to five yards of iodoform gauze into the pelvis, each strip being about three inches wide. The uterus is next tightly packed as is also the vagina. A self-retaining catheter is introduced. On the third day the vaginal gauze is removed together with that in the uterus. The vaginal gauze is renewed, but the uterine packing is not, unless the uterus be large. The gauze in the pelvis is removed in a week or ten days under chloroform and another large pelvic packing is made. The results of this operation are most gratifying. The lymph which is thrown about the antiseptic dressing disappears in a few months and the uterus becomes perfectly movable. Accidents have never happened and I have been uniformly successful in preventing suppuration. In several cases of relapsing salpingitis I have met with large hydrosalpinx and broad ligament cysts. These were merely incised and evacuated.

THE INDICATIONS FOR VENTRAL SUSPENSION OF THE UTERUS. (*International Journal of Surgery.*)—Dr. Augustin H. Goelet, of New York, at the recent meeting of the Mississippi Valley Medical Association, presented a paper on this subject. He drew especial attention to the difference between ventral suspension and ordinary ventro-fixation. The latter fixes the uterus permanently by adhesion against the anterior abdominal wall and substitutes another abdominal position which may be little better than the original displacement. Ventral suspension attaches the uterus to the anterior abdominal wall by two sutures only which include only the peritoneum and subperitoneal fascia of the abdominal wall and the peritoneum of a few muscular fibres of the posterior face of the fundus of the uterus. At first the uterus is drawn up close against the abdominal wall, but subsequently it recedes, the attached surfaces stretching out and forming a strong fibrous band of about an inch or inch and a half in length. The uterus is therefore left suspended from the anterior abdominal wall in a nearly normal anteposition and it is fairly movable.

The special indications for this operation are considered to be retro-deviations of the uterus fixed by adhesions and prolapse of the uterus. He believes, also, that the uterus should be thus suspended whenever both appendages have been

removed and in consequence it has been deprived of the support of the broad ligaments.

This operation, he thinks, is ordinarily unnecessary in movable retro-deviations of the uterus as these may be overcome by a simpler and safer method. When, however, a retro-displacement is complicated by disease of the appendages which may require removal, even if the disease is unilateral, he believes the abdominal route should be preferred, that the uterus may at the same time be suspended from the anterior abdominal wall.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

LOCAL TREATMENT OF AFFECTIONS OF TRACHEA, BRONCHI AND LUNGS. (*Med. Rec.*, Sept. 19.)—Semelder says: For the last 12 or 15 years I have used intratracheal injections made with a Pravaz syringe, the needle of which is inserted into the wind pipe through the crico-thyroid ligament, or according to circumstances through any accessible inter-cartilaginous space of the trachea.

PYROZONE WITH DILUTE HYDROCHLORIC ACID IN PURULENT OTITIS. (*Med. Rec.*, Sept. 12.)—Cheatham. To an ounce of pyrozone he adds 10 drops of dilute hydrochloric acid, of this 10 drops are put in the ear after cleansing and left in for five minutes.

SYPHILIS, THROAT HOARSENESS IN—(Simpson). All syphilitics, wherever the lesion may be, who use their voices professionally, are liable to a variable amount of hoarseness and loss of control over the voice.

OTITIS, PURULENT AND OZENA. (*Therap. Woch.*)—Gradenigo has used antidiphtheritic serum in 32 cases of ozena. In 16 cases the formations of crusts ceased and odor disappeared. Treatment 32 to 68 days. In the other 16 there was improvement. Two of his cases had purulent otitis; the treatment had a favorable effect on these.

THE EFFECT OF OOPHORECTOMY UPON THE VOICE.—Dr. Teichmann, of Berlin, has furnished to the *Centralblatt für Gynäkologie* for September 5th an abstract of an article by Dr. Castex, which appeared in the *Revue de Laryngologie*, on the influence of removal of the ovaries on the voice, a subject on which Moure had written some time before. Castex reports upon six women, under 35 years old, who had been subjected to oophorectomy. In one instance the effect of the operation seemed to be damaging; the voice became harsh, especially in the high notes, and unfitted for singing. In another case, that of a mezzo-soprano, four low tones were added to the compass of the voice without any change of its strength or timbre. In the remaining cases either there was no change in the voice or whatever alteration there was could not with certainty be attributed to the operation. The author believes that the chance of damage to the voice from oophorectomy is too small to count as a contraindication to the operation.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

SURFACE THERMOMETRY OF THE HEAD. (*Alienist and Neurologist*.)

—Dr. G. M. McCaskey, in an article on surface thermometry in brain diseases, holds that information can be obtained thus on two points, viz., vascularity of the tissue and the intensity of tissue metabolism. About one-third of the elevation of temperature at the brain surface is felt on the skull. In meningitis the surface temperature is invariably elevated out of proportion to the general temperature and to the greatest degree over those areas in which the inflammatory process is most intense. In tumors the surface temperature is elevated in proportion to proximity, rapidity of growth and irritative phenomena. Repeated observations are necessary, but a slight and constant rise has a definite value. The same is true in a general way of abscesses and hemorrhages. In embolism temperature is lessened over effected area. In insanity observations are conflicting, though in acute mania there is elevation.

SYPHILIS AND LOCOMOTOR ATAXIA. (*Alienist and Neurologist*.)—Dr. Drennen combats the prevalent idea that syphilis is an etiological factor in the production of locomotor ataxia. He states that those holding this view base their belief on four statements: 1, about 50 per cent. of tabetics present a history of syphilis; 2, occurrence of symptoms in tabes analogous to syphilis such as ocular palsies, pupillary reflexes and lightning pains; 3, beneficial effects of iodides and mercury in relieving many tabetic symptoms; 4, advanced syphilis produces chronic proliferation of connecting tissue with sclerosis in various organs, and further produces arterio-sclerosis and those factors acting together cause degeneration of the posterior roots. In reply he denies the third statement in toto, and explains the other three as concomitant rather than causative factors. He says that in Japan, and among the negroes of the South syphilis is very common, and ataxia very rare, which would not be the case were syphilis the cause of tabes. Again syphilis is very amenable to treatment, and tabes has never been arrested in its progress more than temporarily in a cycle of years. And since even in the incipency of tabes the iodides and mercury fail it is but fair to presume that syphilis is not the cause. Indeed, he fears that such powerful depressants ought not be given in so destructive a disease as ataxia. He holds that excesses in alcohol, tobacco and venery are more probably the cause of ataxia, but as syphilitics are nearly always addicted to these vices, the disease and not their habits is the assigned cause.

SYPHILO-NEUROSIS AND EARLY TREATMENT. (*Alienist and Neurologist*.)—Dr. J. Collins concludes in a paper read before the American Neurological Association, that: Exudative and degenerative diseases due to syphilis are most liable to show themselves at the end of the third and at the beginning of the fourth decade of life. Thorough and prolonged administration of anti-syphilitic remedies during the activity of the virus does not materially prolong the time limit. Active prolonged anti-syphilitic treatment does not seem to prevent the development of locomotor ataxia or parietic dementia. This is true of degenerative disease though treatment may however have some effect in preventing exudative disease of the nervous system, such as spinal cord syphilis, diseases of the blood vessels, etc. Cases of tabes and parietic dementia in which syphilis is confessed and in which treatment has been most desultory and incomplete, are not more liable to the early development or to the severer manifestations of these diseases than those in which the treatment has been all that it should be.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The first regular October meeting was called to order by the president, Dr. H. G. Brainerd, at 8 p. m., Oct. 2nd.

Dr. C. E. Winslow read a paper on "The Rational Treatment of Tuberculosis." (Page 365.)

DISCUSSION.

Dr. J. H. Utley: The paper is a practical one and I agree that hygiene is the most important feature in treatment. It has seemed to me not just to keep these patients in Los Angeles; do not think it the best place. I have noticed a change for the worse in patients, who did well in the summer, since we have had foggy weather; dyspnea has been greater, etc. Think it is time an effort was made to have properly appointed sanitariums in the foothills; the canyons would be better than the small towns along the railroads, as they have fine water, no fog and are sheltered from the wind. Think it would be a good pecuniary investment to say nothing of advantage in removing these patients from our midst. I agree that there is no remedy of special efficacy; carbonate of creosote is of more value than any other, reduces temperature and expectoration, increases appetite and improves digestion, but to get its action it should be pushed, giving from 30 to 60 drops four times daily.

Dr. Walter Lindley: I haven't paid this question special attention, but am interested in the subject and in institutions. Dr. Utley spoke of the foothills, but we can offer any climate desired; in the San Jacinto Mountains we have an elevation of 6,000 feet, with snow six months of the year; at Indio we have the dry desert below sea-level; while the foothills of San Gabriel or near Newhall would perhaps suit the majority. As to therapeutics, we have a valuable adjunct in guaiacol painted externally over the chest. I learned this from a medical brother suffering with the disease; if applied at 1 or 2 P. M., it will reduce temperature and give great relief; has benefitted where carbonate of creosote alone had not. I have painted it on pure over circular space about six inches in diameter.

Dr. Geo. L. Cole: I was pleased with the paper— the subject is not often enough brought to our attention. In the last two years, and particularly the last year, I have made use of Paquin's serum. Although many oppose the serum treatment yet when such men as Strumpell, Denison and von Ruck recommend a thing, it is worth trying. I have treated between 30 and 40 patients, am not very enthusiastic yet, but if I should develop consumption, myself, I would use, in addition to treatment advocated in the paper, some form of serum (at present, Paquin's). In advanced cases, cannot expect to cure, but will give some relief that is not given by any other remedy and that is not due simply to hope. In pure tuberculosis, have seen great benefit, bacilli have entirely disappeared—the question is whether they will remain away.

We have all seen apparently hopeless cases recover, yet we are too apt to think we can only help them a little, and so fail to do as much as we would if we thought we might cure. As to Aseptolin, I believe there is nothing in it for pure tuberculosis, but where there is a mixed infection, the system being poisoned by a retained purulent secretion, the patient may be benefitted by it. With a temperature of 102° or 103° every P. M., I would use it; it will reduce the temperature and the patient will do better with than without it. I have used carbonate of creosote and guaiacol combined with salicin and nux vomica as a tonic and have liked it.

Would like to ask Dr. Winslow about the effect of "night air" on tuberculous cases. I don't feel so much afraid of it as formerly; I tell the patient if he will keep warm, and avoid any sense of chilliness or fatigue, he may go out at night unless air is extremely moist.

Dr. R. W. Miller: I have been much interested in the paper and the discussion. Sanitation is the first thing to think of—there is no specific medication; treatment is narrowed down to controlling the conditions in the individual case. Carbonate of creosote and guaiacol are valuable, but some cannot take them because they disturb digestion. We must show respect to stomach and improve nutrition. Guaiacol is used to decided advantage by innunction—do not know that there is any advantage in applying it over the seat of the disease; have usually applied over surface where it would be most readily absorbed. Chloride of gold and sodium is a very useful tonic to build up strength. Have little faith in any serum. Hypophosphites and phosphates are useful. We need to caution against excesses as these patients are likely to overestimate their strength; they should manufacture a little more nervous energy each day than they expend.

Dr. F. D. Bullard: Think the "gold" cure would be very good if patients had enough of it—it would enable them to take best of care of themselves and would help us along.

Dr. Winslow. The "gold" cure mentioned by Dr. Bullard is all right, but I tried the "Shirley-Gibbs" treatment faithfully and had great expectations from it and afterwards hated to see the patients. I have watched Denison's treatment, but have feared, as Ingals said, that it was "more potent for harm than for good." I have watched all these reports and think the specific treatment will come along that line, but we haven't it yet. I have used carbonate of creosote and guaiacol with benefit; for fever, have used quinine and coal-tars. I think it is better for a patient to go out in the evening and be entertained than to stay at home and become depressed. On chilly, damp evenings had better stay in. I usually tell a patient to "butter his bread on both sides, take all the eggs, milk, meat, etc., that he can; stay outdoors in sunshine and indoors at night."

Dr. Miller: I wish to explain that I do not favor the chloride of gold and sodium as the Shirley-Gibbs treatment, but as a tonic.

A communication from Santa Clara county, relative to resolutions adopted and signed in that county against contract practice was read by the secretary. (PRACTITIONER, August.)

Dr. F. D. Bullard said he thought some action should be taken, but as his stand on the question was so well known, he would prefer that some one else should make the motion.

Dr. R. W. Miller said it was an important subject and if acted upon it should be with deliberation. He therefore moved that a committee of three be appointed to take the matter under advisement and report at a future meeting. Carried. Committee appointed: Drs. R. W. Miller, A. J. Scholl and F. D. Bullard.

Dr. H. Bert Ellis stated that a number of members of this society would attend the Pan-American Medical Congress to be held in the City of Mexico, and moved that the president and secretary be instructed to sign necessary credentials for them to go as delegates. Carried.

On motion, meeting adjourned.

ROSE TALBOTT BULLARD, Secretary.

SAN DIEGO COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the San Diego County Medical Society was held October 2d, President P. C. Remondino in the chair.

The paper of the evening was read by Dr. Charlotte Baker, the subject being, "What is Hypnotism?"

The doctor opened the subject by calling attention to cures which we must admit are occasionally made by Christian Scientists and the followers of various allied cults; to the fact that the incompetent physician often succeeds where the competent physician fails—apparently for no reason other than the confidence he manages to inspire in his patient. She then reported a case of a patient in great distress and dying from laryngeal tuberculosis. On one occasion when sitting beside her, holding her hand, the patient fell into a restful sleep. Learning that this result followed her continued presence any evening she was able to give up most drugs, and insure several hours of comparative comfort by one or two visits a day. The last call was made about 9 P. M. The patient fell into a sleep which lasted till about one o'clock, and died about an hour after awakening.

The doctor then asked the question "What did I do? What force did I use? Was it in the patient or in me?" An answer to these questions would tell what hypnotism is.

The doctor advocated the use of hypnotism as a valuable therapeutic agent in cases where nervous conditions are marked, and where drugs seem not to have their usual effect, laying stress on the fact that she had found it more satisfactory among patients of strong will and good judgment than among the weak-willed. Reporting six cases chosen from her own practice, all apparently much benefitted by treatment. She stated that in her experience extending over five years, during which time she had used hypnotism in occasional selected cases, she had yet to see evidence of any damage done. One case of dipsomania was able to forego alcoholics for over two years, when, during an attack of the "grip," as she was informed by the patient's daughter, another physician prescribed whiskey. The habit of drink was reacquired, and the patient ultimately ended her life by her own hand. Two cases of dysmenorrhea were relieved, and local treatment made much easier under hypnotism. One case of extreme neurasthenia with constant headaches only temporarily relieved by fitting glasses, ran down hill steadily under approved lines of treatment until hypnotism was tried, when recovery was rapid and complete. The patient has now been doing full school work for nearly a year without difficulty.

The doctor recognized possible dangers in the use of hypnotism, but believed the dangers had been exaggerated. She considers it safer than many of the remedies in everyday use, especially morphine, chloral and the alcoholics. She is convinced that the chief, and possibly the only, danger arises from the experiments in control so tempting to the student of psychology. When doctors learn to eschew these experiments absolutely in the interest of their patients, to use suggestion only to relieve pain and nervous symptoms, to quiet the mind, and to control ultimate molecular action, they will find themselves in possession of a valuable and reasonably safe therapeutic agent, which can and should be combined with the use of other remedies, and which belongs to the honest physician and not to the quack.

Dr. Leisinger in opening the discussion said: As to hypnotism, it is to me an unknown quantity. I would ask the doctor what more harm there is in hypnotizing for pleasure than in case of disease?

Answer. In disease it is used to relieve or correct morbid conditions, while its use for pleasure might result in some disturbance of the normal functions.

Dr. Leisinring: How do you proceed to hypnotize, and is there any difficulty in restoring the subject to consciousness?

Answer. There are some two or three ways. Commonly by suggestion and concentration of the thought in the line of repose to the exclusion of all other lines of thought. I have never encountered any difficulty in awakening the subjects.

Dr. Burnham: I think there is no question about the waking, even when left undisturbed. Hypnotism is nothing new. It was practiced among the ancient Egyptians and among priests and fakirs for centuries, being surrounded by mysticism. I used to think hysteria was the only condition to be benefitted by hypnotism, but that is not the case. Hypnotism does not necessarily imply sleep.

Dr. Doig: The induction of hypnotic conditions for amusement and for the relief of disease are two very different things. In one case where I had tried to quiet a patient with hypnotics, narcotics and anodynes, and failed, I succeeded with hypnotism.

Dr. Gochenaur: I was very much interested in the paper, not only directly for the subject it discussed, but also in the matters that might come before this society as endorsing fakirs and other methods of quackery. Everything legitimate for the relief of humanity belongs to the doctor. As the great Doctor Bacon held that all good music belonged to the Lord instead of the devil, so all the best things belong to the physician. I am glad Dr. Baker had the courage to read the paper. I know nothing about hypnotism.

Dr. Burton: I know very little about this matter, scarcely anything from experience. So far as I have been able to learn authorities have raised a warning voice as to the danger of doing harm by the hypnotic state. The use of anything mysterious may easily unbalance impressive minds. We know little or nothing about the dosage. While there is some mystery about electricity, that has been reduced to a certain dosage, and appliances are in use whereby we may determine the amount administered. Nothing was mentioned in the paper about the special class of cases which would be benefitted by the hypnotic state. Would it be good in organic diseases? How often would a case be benefitted by its use? are questions of importance. Also, are there any special qualifications required on part of the physician to induce the hypnotic condition?

Dr. Fred. Baker: I desire to emphasize the fact, that if we admit that hypnotism in a certain per cent. of cases does weaken the will power the small amount of possible damage done at any treatment even in the most susceptible cases, should be, and probably is, more than counterbalanced by those suggestions for bodily and mental improvement which go with the treatment. On the other hand in the large majority of cases there is no satisfactory testimony to prove that any damage is done.

Dr. Park: I was much interested in this subject and had hoped the writer would say something more about the title of the paper. Braid relates the case of a patient suffering with rheumatism, also some disease of the eyes; he was hypnotized with the suggestion that the rheumatism was cured, which was the case, and also the eye trouble as well. I have used the hypnotic influence with some misgiving as to the results. A young friend of mine learned to hypnotize herself; suddenly she discovered she would go to sleep when at dinner and would lose her control at any time.

Dr. Rood. I am not up in the art of hypnotism. If there is any good in it it should be used for the benefit of our patients. We go into the sick room and find our patient in a restless disturbed condition and by our presence and manner

quiet them, that is, hypnotize them somewhat. If the patient is of strong mind and well, no benefit will be derived. If the profession do not take this up we will be unable to prevent quacks from doing so. There is a great deal in hypnotism we do not understand. Another question is, can we endorse a practice and uphold it, which is adopted by the quacks of this and every other land to obtain money out of the credulous.

Dr. Abbott: I have nothing to say on the subject except that I regard hypnotism as a force to be carefully handled.

Dr. Magee: I do not know much about this hypnotic racket. Entering the profession a number of years ago, I learned to look on this method of treatment as a little irregular or not quite orthodox. As far back almost as I can remember I have seen the mesmeric exhibitions, and have seen the subject suffer with resulting headaches, profuse sweating and general prostration. I regard the methods of hypnotism, Christian science, divine healing, and spiritualism, as being very closely akin to each other. I should be very slow to undertake the induction of hypnotism without a third party being present.

I believe in drawing on and utilizing the patient's confidence in the ability of his attending physician to relieve his sufferings, to the limit of all it will bear, always leaving a reasonable way of explanation in case the assurances of the doctor do not materialize.

Dr. Remondino: I have used hypnotism in my practice for years and a number of years ago succeeded in this way in procuring a free purgation in two hours with a bread pill, after the failure of calomel, jalap, salts and croton oil in the hands of another very competent physician.

Others participating in the discussion were Drs. Shafer, Goff, Hearne, Latta and Crandall.

THOS. L. MAGEE, M.D., Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Aug. 4, 1896, the following were granted certificates to practice medicine in this State.

BONINO, FULVIO, 4397, San Francisco, Univ. Geneva, Switz., Oct. 14, 1890; Univ. Bologna, Italy, Nov. 14, 1890.
 CARTER, FREDK J., 4308, San Francisco, Lic. Soc. Apoth., Aug. 10, 1893. Royal Coll. Phys., London, Oct. 25, 1894. Royal Coll. Surg., England, Nov. 3, 1894.
 FAULL, CARLETON W., 4399, San Francisco, Med. Dept. Univ. Oregon, April 1, 1896.
 GAVE, JOHN V., 4400, Los Angeles, Edgeworth Med. Coll., Mo., Feb. 28, 1888.
 GREENLEAF, HARRY S., 4401, Alameda, Med. Dent. Univ. Penna., June 13, 1896.
 KEENAN, FRANK M., 4402, San Francisco, Detroit Med. Coll., Mich., April 30, 1896.
 LOWRY, ROBERT J., 4403, San Francisco, Louisville Med. Coll., Ky., Feb. 25, 1887.
 SERUCSKY, MAX, 4404, San Francisco, Bellevue Hosp. Med. Coll., N. Y., March 23, 1896.
 TOMS, RODNEY A., 4405, Springville, Baltimore Med. Coll., Md., April 15, 1890.
 WALES, HERBERT N., 4406, Los Angeles, Coll. Med. Dept. Univ. Southern Cal., June 3, 1896.

MEDICAL DEPARTMENT UNIVERSITY OF CALIFORNIA.

HELLER, CLARENCE L., 4407, San Francisco, July 13, 1895.
 KIRKOGG, WILFRED H., 4408, Palo Alto, May 13, 1896.
 LATHAM, A. L. J., 4409, San Francisco, May 13, 1896.
 MURPHY, JAMES D., 4410, San Francisco, May 13, 1896.
 O'BRIEN, J. H., 4411, San Francisco, May 13, 1896.
 PAINTER, GEORGE L., 4412, Oakland, May 13, 1896.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Sept. 3, the following certificates were granted:

BROOKS, EZRA, 4413, San Francisco, Med., Dept. Univ. Iowa, March 3, 1886.
 BROWN, ELLA PRINGLE, 4414, San Francisco, Med. Dept. Univ. Oregon, April 1, 1896.
 CAMERON, HOWARD McDUGALL, 4415, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 DAVIES, EDWARD GOMER, 4416, Claremont, Rush Med. Coll., Ill., Feb. 25, 1879.
 DONALDSON, FRANK, 4417, San Francisco, Med. Dept. Univ. Maryland, March 14, 1883.
 FRETWELL, WM. JOSEPH, 4418, Los Gatos, Missouri Med. Coll., Mo., March 6, 1888.
 GILHAM, GEORGE W., 4419, Townsend, Mont., Med. Dept. Univ. Cal., Nov. 7, 1881.
 LUND, MILLA C. SVANOE, 4420, Los Angeles, Woman's Hosp. Coll., Ill., Feb. 24, 1874.
 MCCLELLAND, H. K., 4421, San Francisco, Med. Dept. Univ. Wooster, Ohio, March 18, 1871.
 MOORE, MILLARD F., 4422, Santa Barbara, St. Louis Med. Coll., Mo., March 7, 1879.
 OLIVER, J. E., 4423, Stockton, Jefferson Med. Coll., Pa., April 2, 1885.
 PARK, JOHN CONRAD, 4424, Los Angeles, Med. Coll. of Ohio, Feb. 27, 1890.
 REA, CHARLES T. L., 4425, San Francisco, Jefferson Med. Coll., Pa., March 13, 1890.
 ROGERS, J. LINCOLN, 4426, Los Angeles, Coll. Med. Univ. Southern Cal., June 3, 1896.
 SCROGGINS, WALTER R., 4427, San Francisco, Cooper Med. Coll., Cal., Dec. 5, 1895.
 STEWART, JOHN A., 4428, Santa Cruz, Royal Coll. Phy. & Surg., Edinburgh, Scotland, April 19, 1892. Univ. St. Andrew, Scotland, April 19, 1892.
 SULLIVAN, WM. N., 4429, San Francisco, Cooper Med. Coll., Cal., Dec. 6, 1892.
 TAGGART, HARRY WALLACE, 4430, Stockton, Marion Sims Med. Coll., Mo., April 2, 1896.
 THORNTON, EDGAR H., 4431, Portland, Or., Med. Dept. Univ. Oregon, April 2, 1892.
 WOODHOUSE, HENRY JOHN, 4432, Pasadena, Jefferson Med. Coll., Mo., April 3, 1890.
 CHAS. C. WADSWORTH, M. D., Secretary, 518 Sutter Street, San Francisco.



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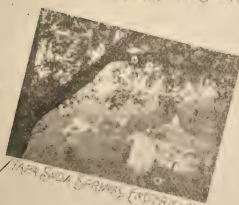
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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

DOES IT PAY TO TAKE YOUR OWN JOURNAL?

If you desire to know what your neighbors are doing in the practice of medicine, or to have them know what you are doing, it pays to take your home journal. If you wish to read articles upon the latest medical subjects, written by those in your own vicinity, and to learn what is being done by those about you with the recent advancements in medicine, you must be pleased with your local medical journal, and will not do without it. If you desire to be informed concerning what the medical societies in your own and neighboring States are doing, you cannot get along without it. Your own journal is the only periodical which has any special interest in local matters, and nowhere else will you find a history of medicine in your own locality. Your local journal has an interest in you for you belong to the brood that finds warmest welcome under its wings.

Many doctors have no idea of the number of inquiries which come to the local medical journal regarding the physicians living within

the territory covered by such a periodical. The doctor, hundreds of miles from the home office of the journal, may be as anxiously inquired about as the one living in the building where it is published. Life insurance companies, accident companies, bond or security companies, business houses and banks, corporations of all kinds and private individuals and firms write for information. The journal is looked upon as a sort of general bureau, which is drawn upon for information from all quarters. There is upon the part of the journal a presumption that something is wrong with the medical man who does not take his home journal, and such a *rara avis* needs to be very well known by the periodical to have its warmest endorsement. Again if the doctor pays his subscriptions, promptly, it helps to throw light upon the question so often asked about his financial standing.

Another man who can be much benefitted by the local medical journal is the druggist. Let him take it, (of course he must also take the local drug journal) and he will be benefitted many times its cost every year. We mean take the journal and read it. See what the doctors are doing, what they are using, and what they think of the newer drugs and preparations. When a new product is put on the market that seems to be especially valuable, let it be kept in stock. Let the physicians know where such a preparation can be obtained. Also keep ready for use the older preparations, and let the doctors know of the fact. See what they are complaining about, regarding drugs and druggists, and meet such complaints properly and promptly. The bright druggist knows how to keep the doctor informed of what is going on in his drug store, if he only knows what should go on. The local journal will help the wide awake druggist in this particular, and the *Sentinel* desires that its list of subscribers among such, already of considerable size, may markedly increase. We feel that it will be a mutual advantage both to the *Sentinel* and to such additional progressive druggists as may join our ranks. (*Medical Sentinel* Editorial, Sept., 1896.

There is so much of truth and good advice in this editorial that we reproduce it.

COLLEGE TRAINING SCHOOL FOR NURSES.

Another step in advance has been made by the profession of Los Angeles in establishing a training school for nurses. Papers of incorporation have been taken out. The directors, who must be members of the faculty of the Medical College of the University of Southern California, are as follows: Dr. Walter Lindley, president; Dr. W. D. Babcock, secretary; Drs. Jos. Kurtz, D. C. Barber, W. LeMoynes Wills, M. L. Moore and Geo. L. Cole. Their duty is to arrange the curriculum and final examinations and appoint all instructors.

The Board of Managers consists of 30 ladies, whose duty it is to decide on admission of pupil nurses—for which purpose they appoint from their number an examining board; to inspect hospitals; to attend to all financial details; and to keep in touch with the nurses for their personal betterment.

The lectures will all be given at the Medical College, while the practical training will be received in the various hospitals and sanitariums as follows: County Hospital, Hospital of the Good Samaritan, Sister's Hospital, Miss Palmer's Sanitarium, Los Angeles Sanitarium (Mrs. Davis), and Dr. Walter Lindley's hospital. Ladies—not nurses—who wish to avail themselves of the lectures may do so on payment of \$5 for the full course or of 25 cents for a single lecture.

Applicants for admission must have a good grammar school education, must be in good general health, of good moral character, and be between the ages of 20 and 35 years. For further information on this subject, address Dr. Lula T. Ellis, 731 W. Eleventh street, Chairman of Board of Examiners.

The school was formally opened at the Medical College, Oct. 6th, 8 P. M., and the lectures are now being given with a good attendance.

The Board of Managers hope to accumulate a fund from which to derive an income to pay trained nurses to go when needed into the very poorest homes.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The twelfth session of the College of Medicine of the University of Southern California began October 14th under most favorable circumstances, with an unusually large enrollment of students. Dr. J. P. Widney, the retiring dean, delivered a well-worded address on the necessity of a thorough general education. Dr. Widney, who had so faithfully served the institution from its foundation, having retired from active practice, recently resigned, and in his place the faculty unanimously elected Dr. H. G. Brainerd. Dr. Brainerd has been one of the most vigorous supporters of advancing the work of the college and was one of the prime movers in the building of the new college last fall. The wisdom of that course is fully seen by a larger increase of students in spite of hard times, increased fees, and lengthened course. The climatic advantages of Southern California are sure to attract many students from the East. The great difference between the advantages now offered, and the poor equipments of but a year ago can not fail to induce many to pursue their medical studies here. Few Southern Californians will now go elsewhere to attend medical lectures, and we are very much pleased to offer our congratulations to the faculty on the bright prospects before them.

UNSCRUPULOUS METHODS OF ADVERTISING.

In view of the recent advertisement of _____ asserting that they were indorsed by Dr. Wm. Osler and others, the following extract from a letter to one of our local physicians will be of interest: "Thanks for your note. I have had about a dozen papers sent referring to these scoundrels. It rather looks as if I was divying with them. _____ was a graduate of McGill. I suppose he has gone to the bow-wows. He never was a private pupil of mine; never, in, fact, was a good student. Of course their use of my name is entirely unwarranted; but I do not suppose that I could have the the slightest redress, and any legal steps would only delight them, as it would give them an additional advertisement. Any letter which they state comes from me is of course a forgery."

EDITORIAL NOTES.

DR. F. K. AINSWORTH has returned from his Eastern trip.

DR. MYRON E. KOHN, formerly of San Francisco, has located at Prescott, Arizona.

DR. MILBANK JOHNSON and wife, of Alhambra, have returned after a six months' absence in Europe.

DR. M. C. S. LUND, graduate of the Woman's Hospital Medical College of Chicago, has located in Redlands.

DR. KNEEDLER, U. S. A., is the new surgeon of the army post at San Diego and has taken up his residence there.

DR. E. WESCHKE, of San Luis Obispo, is in Los Angeles for a few weeks introducing his antiseptic diaphragm for telephones.

DR. JULES F. ROTH, after study in Europe, has returned to Los Angeles to practice and taken an office in the Wilcox Block.

DR. CHAS. LEE KING, of the Sierra Madre Sanitarium, read a paper at the last meeting of the Pomona Valley Medical Society, entitled, "A Plea for the More General Use of Hydrotherapy."

DR. J. SEYMOUR DAVIS has gone East for two or three months. Dr. E. L. Puett, who has been resident physician at the Soldiers' Home for five years, will have charge of his practice during his absence.

DR. MEDLOCK read an interesting paper at the last meeting of the Orange County Medical Society. On account of Dr. Rubleman's removal from town Dr. Berneike was elected secretary for the unexpired term.

At the October meeting of the Pasadena Medical Society, Dr. G. S. Hull opened the discussion of the question, "Heart failure: what is

it?" The concensus of opinion was that heart failure should not be given as a cause of death, and is not more appropriate than "want of breath." The profession were advised to be more accurate in their diagnoses, as there are many diseases of the heart and arteries, with pneumonia, phthisis, diphtheria, etc., which may be said to cause heart failure.

THE many friends of Dr. T. Edward Post were shocked to hear of his death from apoplexy, October 22d. He had just prescribed for a patient, when a blood vessel in the pons broke, causing his death in five hours. Dr. Post was born in Philadelphia, March 13, 1863. In 1878 he was with the Post Trader at Ft. Washakie, Wyoming. Here he nearly perished by being out in a blizzard all night. This was the beginning of his nervous trouble, which finally caused his death. In 1886 he took a year in the medical department of the University of Pennsylvania, but came to Los Angeles in 1890 and graduated from the medical college in 1892. He was for one year interne in the County Hospital, and since then has been engaged in private practice in the city. Dr. Post was kind and genial and was enthusiastically admired by his patients. He leaves a mother to mourn his loss upon whom his death will be a crushing blow. Dr. Post, although a young man, was held in high esteem by the profession, and was a member of the Los Angeles County and State Medical Societies.

BOOK REVIEWS.

PRACTICAL POINTS IN NURSING FOR NURSES IN PRIVATE PRACTICE WITH AN APPENDIX CONTAINING RULES FOR FEEDING THE SICK; REIPES FOR INVALID FOODS AND BEVERAGES; WEIGHTS AND MEASURES; DOSE LIST, AND A FULL GLOSSARY OF MEDICAL TERMS AND NURSING TREATMENT. By Emily A. M. Stoney, Graduate of the Training School for Nurses, Lawrence, Massachusetts. Illustrated with 73 Engravings in the Text and 9 Colored Half-Tone Plates. Philadelphia: W. B. Saunders. 1896. \$1.75.

The following is the plan of the book:

- I. The nurse; her responsibilities, qualifications, equipment, etc.
- II. The sick-room; its selection, preparation and management.
- III. The patient; duties of the nurse in medical, surgical, obstetric and gynecologic cases.
- IV. Nursing in accidents and emergencies.
- V. Nursing in special medical cases.
- VI. Nursing of the New born and sick children.
- VII. Physiology and descriptive anatomy.

The two best points of this work are the avoidance of any encouragement to take the responsibility of the case from the physician, and directions how to improve means for carrying out the conveniences usually found in hospitals. The short pages on the duties of a nurse contain some very common sense remarks as to how she should conduct herself, especially with her tongue, and we would like to see it read by a good many who think they are fully qualified to nurse any body for any ailment.

THE STUDENTS MEDICAL DICTIONARY, INCLUDING ALL THE WORDS AND PHRASES GENERALLY USED IN MEDICINES WITH THEIR PROPER PRONUNCIATION AND DEFINITION BASED ON RECENT MEDICAL LITERATURE. By Geo. M. Gould, A. M., M. D., author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences," etc., with Elaborate Tables of Bacilli, Micrococci, Leucomains, Ptomaines, etc., of the Arteries, Ganglia, Muscles, and Nerves, of Weights and Measures, Analysis of the Water of the Mineral Springs of the United States, etc. Tenth Edition. Rewritten and Enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1896. \$3.25.

We had the pleasure last year of reviewing the Illustrated Medical Dictionary by the same author—a veritable encyclopedia of medicine. Its cost was commensurate with its character, but that a smaller edition, somewhat condensed, without the illustrations, and the omission of a few tables which were of especial interest only to those conversant with the highly specialized branches, could be put on the market at one-third the price we would not have believed to be possible had we not seen it for ourselves. This dictionary possesses the fundamental virtues of the larger one. It continues the two chief advantages of the former work—progressive spelling and plain common sense English pronunciation. It is correct, succinct, modern, comprehensive, handy and cheap. It is a marked advance over the inadequate dictionaries of our student days, and of no higher price; and whether gold has risen or silver fallen, the student of to-day gets a much greater return for his money.

A MANUAL OF OBSTETRICS. By W. A. Newman Dorland, A. M., M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Instructor in Gynecology in the Philadelphia Polyclinic, etc., with 163 Illustrations in the Text and 6 Full-Page Plates. Philadelphia: W. B. Saunders. 1896. \$2.50.

This is another volume of the Saunders New Aid Series which gives to the profession at a moderate price a systematic presentation of the subject worthy of the larger works on obstetrics. The plan of the work is chronologic and its scope clinical physiologic and pathologic. It treats in orderly sequence, ovulation, insemination, embryologic and fetal growth and development, maternal alterations and manifestations, signs and stages of labor, birth of child, retrograde processes of involution, mammary function, both normally and pathologically. There are numerous diagnostic tables which are especially useful in giving an unusual facility in telling what condition may be present.

The reviewer was especially impressed with the paradox that there was one disease very much less often seen but much better understood than formerly—puerperal sepsis. This is most thoroughly discussed in all its bearings, and stamps this work to be of sound scientific character. "Every possible complication of labor is noted in its appropriate place." We believe this book to be comprehensive, efficacious and of a high grade.

A TEXT-BOOK OF BACTERIOLOGY. By Geo. M. Sternberg, M. D., L. I. D., Surgeon General U. S. Army. Illustrated by Heliotype and Chromo-Lithographic Plates and Two Hundred Engravings. New York: Wm. Wood & Co. 1896.

Sternberg's manual of bacteriology published four years ago is to this day the most exhaustive and authoritative work on that subject in the English language. Its size, price, and encyclopedic character militated against its use as a classroom text-book, so the author has in this volume eliminated detailed descriptions in pathogenic bacteria as well as the extensive bibliography contained in the manual, and thus rendered the present volume more suitable to the wants of the student and practitioner. He dwells more especially on those micro-organisms which are proven pathogenic by the toxins they engender, and the lesions they produce. It is, however, an extensive work, nearly 700 pages, but limited more than is the manual to practical pathological bacteriology. In fact about the only

adverse criticism we can make is that the book is too extensive. for the author is so full of the subject that he is hardly qualified to write an elementary work, still in looking over the book there is no subject that ought to be omitted. It would be impossible to give here even an approximate index of the matters discussed. The book is divided into four parts. I. Classification, morphology and general bacteriological technology. II. General biological characters. III. Pathogenic bacteria, IV. Saprophytes.

One of the best chapters, and one that appeals to the up-to-date reader is the chapter on susceptibility and immunity—for here theory and practice harmoniously blend. Although Sternberg is a recognized authority on bacteriology many investigators differ from him on certain questions, the English teachers, for instance, do not hold to Sternberg's conclusions as to the bacteriology of yellow fever. On the other hand, while the English authors are quite positive that the unstained portions frequently seen in tubercle bacilli demonstrate the presence of spores, Sternberg is by no means certain of it. (P. 394.)

The text and illustrations are of the best quality, as is befitting a standard work as this text-book is destined to be.

ALL doctors mentioning the PRACTITIONER will receive free upon application a copy of "The Therapeutical Application of Peroxide of Hydrogen, Glycozone, Hydrozone and Eye Balsam," a 216 page book, containing reprints of 106 scientific articles, which have appeared in the last seven years in the medical journals. Address Chas. Marchand, 28 Prince street, New York City.

THE October (1896) number of the *Alienist and Neurologist* contains: "Differential Diagnosis of Insanity," by C. B. Burr; "Observations on the Histological Development of the Cerebellar Cortex in Relation to the Faculty of locomotion," by Dr. Aurelio Lui; Scrivener's Palsy not solely Pen Fatigue, C. H. Hughes, M. D.; "Are Americans Degenerates?" (A Critique on Nordau's Recent Change of View), by Jas. G. Kiernan, M.C., Chicago; "Sociology and the Realistic Novel," by Ingeborg Taustrom, M A., M.D., Chicago; "The Surface Thermometry of the Head in Diseases of the Brain," by G. W. McCaskey, A.M., M.D.; "Syphilis as an Etiological Factor in the Production of Locomotor Ataxia," by C. Travie Drennen, Hot Springs, Ark.; "The Psycho-Neutral Factor in Medical Practice," by C. H. Hughes, M.D., St. Louis; besides the usual editorials, selections, reviews, book notices, etc. C. H. Hughes, M.D., Editor. Subscription, \$5 per annum; single copies, \$1.50. 3857 Olive street, St. Louis, Mo.

ELEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Clarence M. Bach, State Printer of Pennsylvania. 1896.

Profusely illustrated, and contains some 700 pages. It is of far more interest and value than is the usual report.

A VEST-POCKET MEDICAL DICTIONARY, Embracing Those Terms and abbreviations which are commonly found in the medical literature of the day, but excluding the names of drugs and of many special anatomical terms. By Albert H. Buck, M.D. New York City. New York: Wm. Wood & Co. 1896.

It is a vest-pocket dictionary $2\frac{1}{2} \times 3\frac{1}{2}$ inches, containing 529 pages, with flexible covers. It is a liliputian affair, a condensed compilation and especially adapted for students' use. It gains its merit by being built on modern literature.

PRACTICAL NOTES ON URINARY ANALYSIS. By Wm. B. Canfield, A.M., M.D., Lecturer on Clinical Medicine, University of Maryland, etc. Second, Revised, Edition. 1896. Geo. S. Davis, Detroit, Mich. The Physician's Leisure Library. \$.50 per year; single copies, 25c.

"Clearly stating the important and carefully avoiding the superfluous" is the claim advanced in the preface of this little work, the maintenance of which is fully carried out in the text. It makes use of Parke, Davis' handy and accurate pocket urine analysis set, which the reviewer has often found of great convenience at the bed side.

AN AMERICAN TEXT BOOK OF APPLIED THERAPEUTICS FOR THE USE OF PRACTITIONERS AND STUDENTS. Edited by J. C. Wilson, M.D., Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College, etc., assisted by Augustus A. Ashner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Philadelphia: W. B. Saunders, 925 Walnut street. 1896. \$7.00, cloth; \$8.00, sheep or half morocco; \$9.00, half Russia.

This volume, uniform in size and style with the American text books, contains over 1,300 pages, and is the work of 42 well known physicians and surgeons. Among them there are some fifteen writers favorably known in general medicine including such authors as Wilson, Whittaker and Osler, five professors of diseases of children with such names as Forchheimer of Cincinnati, and Louis Starr of Philadelphia, eight neurologists, including Sanger Brown of Chicago, Eskridge of Denver, and Dercum of Philadelphia. There are also such surgical writers as Da Costa and Laplace of Philadelphia, Theophilus Parvin, obstetrician, Steliwagon, dermatologist, Guiteras, pathologist, and such well known specialists as Victor Vaughn and James Tyson. Such authors as the above are a guarantee of exceptionally high grade medical literature.

The key note of this volume is "to indicate the course of treatment to be pursued at the bedside rather than to name a list of drugs that have been used at one or another time." It is practical rather than theoretical, clinical instead of didactic.

Wilson begins the article on typhoid fever thus. "Studies in the natural history of disease and the science of bacteriology have put an end to the blind confidence in drugs," but he regards this as a wholesome skepticism, and the medical world is eagerly, systematically and more and more intelligently investigating the greatest of all medical questions, how can disease be prevented and overcome?

However learned a physician may be the dear public will grade him by his successful treatment rather than skillful exactitude in diagnosis. It is for this reason that a really good book on *applied therapeutics* will take everywhere. As a rule an advance in therapeutics goes hand in hand with a true knowledge of

pathology, yet not always. We do not even now know the pathology of acute rheumatism, yet the reviewer knows from actual experience that salicylate of sodium is by all odds the best remedy ever employed and agrees with Stewart, other remedies "being decidedly inferior." (P. 531.) On the other hand while as Whittaker says of tuberculosis: (P. 334.) "The tubercle bacillus is the one overshadowing fact in the whole history of the disease. It is the nucleus about which everything else must crystallize. Everything must conform to the bacillus. It illuminates a whole field of obscure diseases. It reconciles discordant facts. It establishes unity. For instance, it is a far cry from a basilar meningitis to a hip-disease, from an otitis media to an orchitis, from a miliary affection to an Addison's disease, from a lupus vulgaris to a fistula in ano." But when it comes to treatment we are again at sea, though Whittaker regards tuberculin of definite value in uncomplicated tuberculosis, but of no effect whatever, in the usual accompanying sepsis. The most brilliant child of modern bacteriological research—the diphtheria antitoxin is warmly recommended by Northrup. (p. 113.) The pharmacopeia of the book is extensive, but modern both as to drugs and preparations, probably not half the preparations are discussed that are found in systematic works on therapeutics, but as those considered are treated clinically, the book is of more value than the others.

PAMPHLETS RECEIVED.

- THE COLORADO DESERT AS A SANITARIUM. By M. F. Price, M.D., Los Angeles. Reprint from Transactions of Fourth Annual State Sanitary Convention, 1896.
- IMPERATIVE NEED OF STRICT SANITARY LEGISLATION AGAINST THE SPREAD OF CONSUMPTION IN SOUTHERN CALIFORNIA. By Dr. P. C. Remondino, San Diego, Cal. Reprint from Transactions of Fourth Annual State Sanitary Convention 1896.
- HOUSE VENTILATION. By D. B. Van Slyck, M.D., Pasadena, Cal. Reprint from Transactions of Fourth Annual State Sanitary Convention, 1896.
- OPERATIONS PERFORMED IN THE EYE DEPARTMENT OF THE MEDICO-CHIRURGICAL HOSPITAL, PHILADELPHIA. By L. Webster Fox, M.D. Reprint from the Ophthalmic Record, Vol. V., No. 12.
- INTRA-OCULAR GROWTHS. By the same. Reprint from Dunglison's Coll. and Clin. Record, June, 1896.
- IMPLANTATION OF A GLASS BALL IN THE ORBIT AFTER ENUCLEATION OF AN EYE. By the same.
- SOME CONCLUSIONS DRAWN FROM EXPERIENCES IN PELVIC SURGERY. By A. V. L. Brokaw, M.D., St. Louis, Mo. Reprint from Medical Mirror, June, 1895.
- PRURITUS OF THE GENITALS. By H. Hunter Robb, M.D., Cleveland, Ohio.
- SPECIAL REPORT OF THE KENSINGTON HOSPITAL FOR WOMEN FROM ITS ORGANIZATION IN 1883 UNTIL 1896. By Chas. P. Noble, M.D., Surgeon in Chief, Philadelphia.
- SUSPENSIO UTERI WITH REFERENCE TO ITS INFLUENCE UPON PREGNANCY AND LABOR. By the same. Reprint from Amer. Jr. of Obs., Vol. XXIV., No. 2, 1896.
- DRAINAGE VERSUS RADICAL OPERATION IN THE TREATMENT OF LARGE PELVIC ABSCESSSES. By the same. Reprint from Jr. Amer. Med. Association, Aug. 8, 1895.
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- PREVENTION OF TUBERCULOSIS. By E. B. Borland, M.D., Pittsburgh, Pa. Reprint from Jr. Amer. Med. Association, Aug. 1, 1896.
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- PROCTO-COLONOSCOPY AND ITS POSSIBILITIES; BY A NEW METHOD. By Thomas Charles Martin, M.D., Cleveland, O. Reprint from Mathew's Medical Quarterly, July, 1896.
- CAUSES AND MECHANISM OF RETROFLEXION AND RETROVERSION OF THE UTERUS. By Hunter Robb, M.D., Cleveland, O. Reprint from Cleveland Medical Gazette, July, 1896.
- EXPERIENCE OF SEVERAL PHYSICIANS WITH SERO-THERAPY IN TUBERCULOSIS. By Paul Paquin, M.D., St. Louis. Reprint from Jr. Amer. Med. Association, Aug. 15, 1896.
- INGUINAL AND SCROTAL CYSTS. SIMPLE AND COMPLICATED, IN INFANTS OR CHILDREN. By Thomas H. Manley, M.D., New York. Reprint from Amer. Medico-Surgical Bulletin, Sept. 12, 1896.
- NOTES ON INGUINO-SCROTAL CYSTS. By the same. Reprint from the Med. News, July 11, 1896.
- ACUTE RHEUMATISM IRITIS: WITH CASES. By A. Britton Deynard, M.D., New York. Reprint from the Post-Graduate.
- ANNOUNCEMENT OF THE PHILADELPHIA POLYCLINIC, 1896 to 1897.
- PAN-HYSTERECTOMY FOR FIBROID IN AGED WOMEN. By Wm. A. Edwards, M.D., San Diego. Reprint from Amer. Jr. of Obstetrics, Vol. xxxiv., No. 3, 1896.
- THE DIAGNOSIS OF TUBERCULOSIS FROM THE MORPHOLOGY OF THE BLOOD—AN ORIGINAL RESEARCH, WITH REPORT OF CASES. By A. M. Holmes, A.M., M.D., Denver, Col. Reprint from Medical Record, Sept. 5, 1896.
- FOURTEENTH BIENNIAL REPORT OF THE STATE BOARD OF HEALTH OF CALIFORNIA FOR CALIFORNIA FOR THE FISCAL YEARS FROM JUNE 30, 1894, TO JUNE 30, 1896. ALSO THE TRANSACTIONS OF THE FOURTH ANNUAL SANITARY CONVENTION HELD AT LOS ANGELES, APRIL 20, 1896.
- THERAPEUTIC VALUE OF THE MIXED TOXINS OF THE STREPTOCOCCUS OF ERYSIPELAS AND BACILLUS PRODIGIOSUS IN THE TREATMENT OF INOPERABLE MALIGNANT TUMORS. WITH A REPORT OF 160 CASES. By William B. Coley M.D., Attending Surgeon to the New York Cancer Hospital. Reprint from Amer. Jr. of Med. Sciences, Sept., 1896.
- THE OPERATIVE TREATMENT OF INGUINAL HERNIA WITH A REVIEW OF 97 CASES—PREFERABLE OPERATION. By J. Coplin Stinson, M.D., San Francisco. Reprint from Medical Record, March 7, 1896.
- THE VALUE OF MINERAL SPRINGS IN THE TREATMENT OF RHEUMATIC AFFECTIONS. By Robert Crees, M.D., Byron Hot Springs.
- ANNOUNCEMENT OF THE BROOKLYN POST GRADUATE SCHOOL OF CLINICAL ELECTRO-THERAPEUTICS. Brooklyn, N. Y.
- SURGICAL STERILIZATION AND STERILIZERS IN PRIVATE PRACTICE. By Edward Boeckmann, M.D., St. Paul, Minn. Reprint from Journal of American Medical Association, June 6, 1896.
- SOME REMARKS ABOUT ASEPSIS IN MILITARY SERVICE. By Lieut.-Col. Edward Boeckmann. Reprint from Proceedings of Fifth Annual Meeting of the Military Surgeons of the U. S. 1895.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of September, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	81	59	70	0	MONTHLY RANGE OF BAROMETER: <i>Mean Atmospheric Pressure, 29.89.</i> Highest pressure, 30.03, date 14. Lowest pressure, 29.63, date 17. <i>Mean Temperature, 68°.</i> Highest temperature 92°, date 16. Lowest temperature 50°, date 14. Greatest daily range of temperature 36°, date 16. Least daily range of temperature 13°, date 18.
2	79	60	70	0	
3	78	61	70	0	MEAN TEMPERATURE FOR THIS MONTH IN
4	79	57	66	0	
5	81	58	70	0	1876 1883 74° 1890 71°
6	85	61	73	0	1877 70° 1884 67° 1891 73°
7	88	63	79	0	1878 71° 1885 71° 1892 63°
8	86	62	74	0	1879 72° 1886 68° 1893 66°
9	80	61	70	0	1880 66° 1887 69° 1894 69°
10	79	54	66	0	1881 70° 1888 74° 1895 69°
11	77	53	65	0	1882 70° 1889 73° 1896 68°
12	79	55	67	T	Mean temperature for this month for 20 years, 70°
13	77	57	67	0	Average deficiency of daily mean temp. during month, 2°
14	80	50	65	0	Accumulated excess of daily mean temp. since Jan. 1, 144°
15	88	55	72	0	Average daily excess since January 1, 1°
16	62	56	74	0	Prevailing direction of wind, West.
17	82	52	67	0	Total movement of wind, 2916 miles.
18	74	61	68	0	Maximum velocity of wind, direction, and date, 15m, W. 7.
19	72	52	62	0	Total Precipitation, Trace.
20	74	51	62	0	Number of days on which .01 inch or more of precipitation fell, 0.
21	74	53	64	0	Mean Dew Point, 56°
22	72	51	62	0	Mean Relative Humidity, 76 per cent.
23	74	53	64	0	TOTAL PRECIPITATION FOR THIS MONTH IN
24	80	55	68	0	1879 ..... .00 1885 ..... .00 1891 ..... .06
25	87	54	70	0	1880 ..... .00 1886 ..... .00 1892 ..... .00
26	81	56	68	0	1881 T 1887 15 1893 T
27	77	51	64	0	1882 T 1888 T 1894 73
28	78	54	66	0	1883 ..... .00 1889 ..... .00 1895 T
29	76	50	66	0	1884 T 1890 ..... .06 1896 T
30	73	51	64	0	Average precip'n for this month for 20 years, .08.
31				0	Total deficiency in precipitation during month, .08 inches.
Mean	79	56	68		Accumulated deficiency in precip't'n since Jan. 1, 4.59 inches.
					Number of clear days, 8.
					" partly cloudy days, 22.
					" cloudy days, 0.
					Dates of Frost, Light, none.

NOTE.—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., AUGUST, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles	68.	92.	50.	29.89	76.	0	T	8	22	0	W	2,916
San Diego	67.	80.	51.	29.91	78.	0	T	27	1	2	N W	3,502
Santa Barbara	64.7	83.5	51.	29.76	70.	0	.0	22	7	1	W	2,855
Yuma	84.	108	55.	29.76	48.	2	.31	20	4	0	S W	
Arlington Heights	74.	90.	52.									
Ontario	70.	68.	62.									
Pasadena	69	94.	52.									
Redlands	79.	102.	61.									
San Bernardino	75.	100.	50.									
Santa Ana												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

September, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,084.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE			
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Chinese	African	Mongol	
Deaths from all causes.....	98	11.70	59	39	21	6	11	27	89	6	3	
Deaths under 5 years.....	41											
i. Specific infectious diseases.....	11	1.34	7	4	4	1	5	1	11			
ii. Diseases of the digestive system.....	12	1.44	9	3	4	3	3	2	10	2		
iii. Diseases of the respiratory system.....	20	3.48	17	3	6	2	10	5	26	2		
iv. Diseases of the nervous system.....	5	.60	3	2			3	2	5			
v. Diseases of the circulatory system, blood and ductless glands.....	12	1.44	7	5			3	9	11		1	
vi. Diseases of the genito-urinary organs....	5	.60	3	2	1			2	3	1	1	
vii. Constitutional diseases.....	2	.81	3	4	1			4	2	6	1	
iii. Intoxication, violence, accidents.....	7	.84	7	1			6	1	7			
ix. Miscellaneous diseases.....	10	1.20	5	7	5		2	3	10			
i. Septicæmia.....	1	.12	1					1				
Pyæmia.....												
Diphtheria.....	1	.12	1		1				1			
Erysipelas.....												
Typhoid fever.....	3	.39	1	2			2	1	3			
Malarial fever.....												
Scarlet fever.....												
Measles.....												
Pertussis.....												
Cerebro-Spinal Meningitis.....	4	.48	2	2	2	1	1		4			
Tubercular Meningitis.....	1	.12	1				1		1			
Tuberculosis (not pulmonary).....	1	.12	1		1				1			
Influenza.....												
Dysentery.....												
Syphilis.....												
Tetanus.....												
ii. Cholera Nostras.....	1	.12	1				1			1		
Gastritis.....												
Enteritis.....	1	.12	1			1						
Cholera infantum.....	2	.24	2		1	1						
Peritonitis.....	3	.36	2	1	1		1	1	3			
Diarrhœa.....	2	.24	1	1	1	1			2			
Appendicitis.....	1	.12	1				1					
Mal-nutrition.....	1	.12		1	1				1	1		
Intestinal obstruction.....	1	.12	1				1	1	1			
Diseases of the liver.....												
iii. Asthma.....	1	.12	1				1		1			
Broncho-pneumonitis.....	2	.24	1	1	2				2			
Pneumonitis.....	5	.60	5		1		3	1	5			
Membranous Croup.....												
Consumption.....	21	2.52	10	11	3	2	12	4	18	2	1	
iv. Diseases of the brain.....	4	.48	2	2			2	2	1			
Diseases of the spinal cord.....	1	.12	1				1					
Locomotor Ataxia.....												
Eclampsia.....												
Epilepsy.....												
Neurasthenia.....												
v. Diseases of the heart.....	5	.60	3	2			2	3	4			
Degeneration of the arteries.....	3	.36	2	1			1	2	3			
Endocarditis.....	2	.24		2				2	2			
Pericarditis.....	1	.12	1					1	1			
Pernicious Anæmia.....	1	.12	1					1	1			
vi. Uræmia.....	2	.24		2	1		1		2			
Prostatitis.....												
Chronic Bright's disease.....	1	.12	1				1			1		
Nephritis.....	2	.24	2					2	1			
vii. Rheumatism.....	2	.24	1	1			2		2		1	
Gout.....												
Diabetes.....												
Inanition.....	1	.12	1		1				1			
Senility and Asthenia.....	4	.48	1	3			2	2	3	1		
viii. Alcoholism.....	1	.12	1				1		1			
Opium habit.....												
Suicides.....	1	.12	1				4		4			
Violence and accidents.....	2	.24	2				1	1	2			
ix. Tumors—malignant.....	5	.60	1	4	1		1	3	5			
Tumors—non-malignant.....												
Other diseases.....	5	.60	2	3	1		1		5			

F. W. STEDDOM, M. D., Health Officer.

OUR ADVERTISERS.

SPECIFY HOME PRODUCTS.

We have received a sample of Formacoll, (Formalin Gelatin) manufactured by Messrs C. E. Worden & Co. of San Francisco. In this case the imported preparation has been considerably improved upon, in so far, that it comes in the form of a very fine powder, sterilized, ready for use, and hermetically sealed. It is put up in glass stoppered vials, and presents a neat and attractive appearance; quite different from the german product, which is a coarse powder and but poorly protected in a carton.

Messrs Worden & Co. are manufacturing Formacoll at the solicitation of many surgeons, who found that the imported product frequently caused pain upon contact of the coarse substance with wounds. The manufacturers claim to strictly follow the method of Dr. Schleich of Berlin, whose experiments and investigations with this new antiseptic have attracted such wide spread interest. Reports from surgeons thus far, prove that Formacoll is applicable in many directions, meriting investigation.

Where the home product is as good or better than that of Foreign manufacture it certainly behooves the right-minded physicians to specify it.

DR. MILNER FOTHERGILL wrote: "The combination (Fellows Hypophosphites) is an excellent one—the best yet made, to my knowledge. It is a happy thought. It is a good all-round tonic, specially indicated when there is nervous exhaustion. It is readily digestible, and has given much satisfaction in my experience of it."

"Fellows' Syrup of Hypophosphites Compound is as standard as Squibb's Ether, P. & W's. Morphine, Hubbuck's Oxide of Zinc, or any other staple agent which long experience and custom have connected with some preferred maker's name. It is hardly possible that any physician in the country is not familiar with and a prescriber of Fellows' Syrup.

Extract from the Therapeutic Gazette, June 15th, 1896.

INDIGESTION—ERUCTATIONS—DYSPEA.

Dr. Alfred E. Meyer says he has been using "Maltine with Wine and Pepsin" at the New York Polyclinic, and also at the West Side German Dispensary in his Gynecological Clinic with signal advantage with women who are suffering from chronic indigestion, and he also gave it a trial in his private practice. One patient, a lady who had for years had frequent attacks of indigestion, received so much benefit from its use that he decided to report the case.

The attacks usually came on about an hour after eating, the symptoms being great distention of the abdomen and a feeling of soreness and dyspea. The attack usually lasted from one to two hours. She had been put on various methods of treatment, not only on different preparations of pepsin and pancreatin, but also on dietetic treatment, without any marked or permanent benefit. After beginning the use of "Maltine with Wine and Pepsin"—a small wine-glass full after each meal—she did not have another attack. The remedy was continued and there appears to have been an entire mitigation of the disagreeable condition under which she had labored for so long, and this too without any special reference as to change of diet. It was noticed that in taking a dose at the beginning of the treatment there were repeated eructations of gas and the uncomfortable symptoms were relieved in a very short time.

Dr. Meyer says he thinks that the combination of "Maltine with Wine of Peppermint" is a very happy one.

PAIN RELIEVED WITH UTMOST SAFETY.

Albert M. Williams, A. M., M. D., of Bradford, Pa., says: "I have used antikamnia in my practice since its first introduction and used it extensively. At first I was a little cautious and a little apprehensive, and rarely ventured on larger doses than five grains; but for several years I have given it in ten and fifteen-grain doses to adults and when needed repeating every hour or two hours. I have rarely been disappointed in controlling pain, if the pain was of a character to be controlled by medicine. In severe neuralgias or any severe form of pain, my method is to prescribe ten grains to be given every hour till the pain ceases. I seldom use morphia or opium in any form. I have seen so many unfortunate victims of the opium habit that I shun its use, and antikamnia is my sheet anchor. The effects of opium and its alkaloids too, are most disagreeable to many people. I always suffered untold misery when I had taken even a small dose of morphia; itching and nausea especially continuing for about two days. There is none of this following the use of antikamnia, and I have never heard of a victim of the antikamnia habit. I have yet to see the first case where any alarming symptoms have followed its administration. I have a long time been in the habit of prescribing it in a little larger dose than are recommended and any bad results from its use must be due to some idiosyncrasy on the part of the patient."

GETTING BETTER RESULTS EACH DAY.

GENTLEMEN:—You ask me my experience with Pineoline. Well, here it is. Pineoline does the work every time in skin diseases such as acne, barber's itch, herpes, eczema, etc. It is simply a specific. I have used it in the skin clinic in the hospital, where we treat hundreds of cases each month, and know just what to expect. In erysipelas it is a remedy par excellence. I have also given Pineoline a good trial in catarrh and hemorrhoids with good success. Pineoline is a wonderfully good thing. Almost every day I find some new use for it. The other day I prescribed it for granulated eyelids, and even in this case it is doing good work. You have given the medical profession a really good medicine in Pineoline. Yours truly, ROBERT DE HUFF, M. D.

WE refer our readers to the advertisement of Palpebrine which appears for the first time in this number. This product will be found useful in the following forms of external eye diseases: Simple, acute, catarrhal, venereal, strumous and chronic conjunctivitis, acute and chronic blenorrrhea of the conjunctiva, inflammation of the lachrymal sac, blepharitis, etc.

Palpebrine is indicated in all cases where an accurate antiseptic solution of known quality and quantities are required. Palpebrine is superior in its action to the remedies now in use. It contains all the constituents of Aqua Conradi as recommended by the renowned professor of the Vienna University, Ferdinand von Arlt, translated by L. Ware, (page 23.) But to these are added a number of other agents which will prove Palpebrine to be of much greater value and give it a broader field for action.

P. N. DE BUBOEAY, M.D., F.R.C.S., of Tallulah Falls, Rabun Co., Ga., Sept. 22d, 1896, writes:

I have used Papine, Bromidia and Iodia extensively in my practice, and expect to continue doing so, as these preparations undoubtedly are of great value. I have found your Iodia specially useful in cases of menstrual disorder generally, and as an alterative. Papine must of necessity come greatly into vogue with the practitioner, relieving pain as it does without unpleasant after effects. It was of great value to me in treating the pain in a female suffering with (incurable) cancer.

WM. GEDDES, M.D., 1720 Fourteenth street, Washington, D.C., says; Aletris Cordial has proven, in a case of dysmenorrhea of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated.

In cases of pernicious, progressive anemia in young girls, no matter from what cause, Dr. Mary Ward Mead, Camden, Ill., writing, says: "The arrest of development of the generative organs retards cure. I am early on the track for a speedy development of those slow puberty cases, and when I see the dormant spot puff for a mammary gland I know that restoration will surely follow, and to arouse this slumbering, sympathetic and vaso motor system Sanmetto is truly great."

CARAMELLO GRANO, a substitute for coffee; a healthful beverage with none of the ill effects of tea or coffee, and a boon to many nervous, sedentary workers, is supplied by St. Helena Sanitarium Health Food Co.

ESPECIALLY VALUABLE IN TYPHOID FEVER.

The late Gerrard George Tyrrell, M.D., M.R.C.S., of Sacramento, was one of the best known physicians in California. Having been Secretary of the State Board of Health and President of the State Medical Society for many years, he always took an active interest in sanitary matters, and was authority on Municipal and State hygiene. As an original investigator and a firm believer in chemical disinfection, the combination known commercially as "Platt's Chlorides," was held by him in high esteem, as the following extract shows:

"I have been using 'Platt's Chlorides' as a disinfectant and deodorizer in my practice with excellent results, and can recommend it as a convenient and reliable antiseptic for general use, especially in cases of typhoid fever, where disinfection and deodorization of the excreta are promptly called for. It is to be preferred to the chlorinated soda solution, as it has no odor, while equally effective in its results."

SOUTHERN CALIFORNIA PRACTITIONER

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NO. 11

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ORIGINAL.

TENTATIVE THYROID THERAPEUTICS.

BY WALTER LINDLEY, M.D., LOS ANGELES, CAL.

PROFESSOR OF GYNECOLOGY, MEDICAL DEPARTMENT, UNIVERSITY OF SOUTHERN CALIFORNIA.

The use of various glandular tissues in the treatment of disease marks a new epoch in therapeutics.

Attention has been especially directed to the thyroid gland and preparations therefrom.

MYXEDEMA.

The beneficial effects of its use in myxedema are unquestioned.

My own experience is limited to one case, a girl of 12. I had known her as an attractive little girl up to 18 months before she came to me for treatment. During this period of 18 months the family had been living in the foot-hills of the Sierra Madre Mountains, 2,500 feet above sea level.

When she came for treatment she was a monstrosity. Her cheeks were puffed out so that her eyes were buried. Her neck rolled out almost even with the shoulders. Her waist was as large around as a woman's should be. Her hair had fallen out to a great extent; her eyes looked dull; her skin was waxy and here and there bronzed. The flesh was doughy. To meet her on the street would cause one to turn to gaze at her. She had been obliged to give up attending school owing to her inability to study.

I put her on P. D. & Co.'s desiccated thyroid, two grains after each meal. Three days later a letter came saying that the medicine had caused dangerous symptoms of dizziness and fainting and that she had been obliged to take to her bed although she looked better in the face. I wrote back, directing her to take only two doses of the medicine daily.

*Read before the Los Angeles County Medical Association, Nov. 1, 1896.

Her progress was rapid. In a few weeks she was again able to go to school. The treatment began eight months ago. She is now well, attends to her usual duties, goes to school and her complexion is perfectly normal. She is still taking one grain of the thyroid daily.

OBEISITY.

The efficacy of thyroid treatment in obesity is apparently established. The interesting reports of Leichtenstein and others are encouraging.

(Page 61 of Gould's Year Book.)

My own experience is limited to one case. A Los Angeles attorney who lost seven pounds in three weeks, and then begged off from all treatment "until after McKinley's election," when he said he would start in again. In this case I had previously used diet without any effect whatever.

Dr. L. Pierce Clark, in the *Medical Record* for Oct. 24, 1896, reports that in experimenting with it on epileptics all of his patients lost from 3 to 10 pounds during treatment, while one very fat patient lost 19 pounds in one month.

FIBROID OF THE UTERUS.

It was by accident that Jouin discovered the value of this treatment. He had a patient with a voluminous fibroma, and as she was painfully obese he administered thyroid extract to relieve her of her obesity, when he found that the fibroma shrank rapidly to one-quarter of its former size. He reported at the Tunis Congress that he had used it since in 24 cases, finding that thyroid medication certainly reduces the fibroid growth, and has also a most favorable effect on the attendant symptoms, local neuralgias, debility and depression, but it is especially valuable for its power to arrest the tendency to hemorrhage. It is very effective in uterine hemorrhages due to the menopause, with or without fibroid growths. He suggested that as the fibroma is really only a sarcoma in a certain stage, thyroid medication may yet be found useful as a preventive.

For this condition also I have used thyroid in one case. A teacher, principal of an important school in a neighboring town, age 55, nullipara, widow, says she menstruates "regularly;" found on questioning her, it was sometimes two weeks, three weeks or four weeks, the flow sometimes excessive, gives history of small goitre from the time she was 25 until she was 35. On examination found six uterine fibroids average size of an orange. Put her on two grains desiccated thyroid three times daily. Date of beginning, April 10, 1896. No hemorrhage for three months, then slight hemorrhage for three days. None since. Examined her again October 16. General condition excellent. The mass of tumors reduced in size at least one third. She is now taking one grain of thyroid after each meal.

SYPHILIS.

Menzies reports four cases of malignant syphilis, which he treated by thyroid extract, no other remedy being used. There was improvement in all cases and the author concludes that thyroid is a powerful skin tonic and a useful adjuvant to mercury and potassium in the treatment of syphilis.

(See page 722, Gould's Year Book 1896.)

From the military hospital at Warsaw comes the account of the internal use of fresh thyroid gland from an ox in a severe case of secondary syphilis which had not improved under mercury and iodid of potash. The thyroid was cut into small pieces reduced to a pulp and fed to the patient with bread, butter and salt. Improvement began on the third day. The deep ulceration of the nose and ear soon healed. Temperature fell, appetite improved, and weight increased. There

had been great emaciation. The patient complained at first of nausea, palpitation, and trembling of extremities, and the pulse rose to 120, but these symptoms disappeared. The dose at first was two grams, with a daily increase of two gm. until fourteen were given, and the treatment was omitted every third day.

(Wiener Klinische Rundschau, September 15, 1895.)

SKIN DISEASES.

It has been used with more or less success in various skin diseases, but has proven especially useful in psoriasis.

Abrahams treated a wide-spread case of lupus with three thyroid tablets daily along with cod liver oil. He had never before seen such a successful result.

(Page 419, International Medical Annual, 1896.)

GOITRE.

Burns reports 12 cases goitre treated with thyroid, 9 being cured or greatly improved. He used the extract, and raw thyroid gland administered in sandwiches in doses of from five to ten grams, repeated at intervals of from two to eight days.

(Page 280, Gould's Year Book, 1898.)

The Pharm. Institute of Budapest, has been making a special study of this subject. The investigations are described in detail in the *Deutsch. Med. Woch.* for July 9. The results briefly stated are: 1. The goitre in every case decreased in size. 2. The patients lost in weight, some as much as one to two kilograms. 3. The amount of urine increased. 4. The elimination of nitrogen, especially, in the urine increased. 5. Increased elimination of ClNa and of P_2O_5 . 6. The amount of uric acid excreted was much increased, especially in the first days of the treatment. We know that the amount of uric acid excreted increases with increased numbers of leucocytes. The latest researches have established the fact that thyroid medication increases the number of leucocytes, which accounts for the increased amount of uric acid. Until we are better acquainted with the chemic structure of the thyroid gland, it is not sufficient to explain this increase in the amount of uric acid by the assumption that it corresponds to the amount of deterioration of the nuclein basis (xanthin, hypoxanthin) in the thyroid gland.

(Journal American Medical Association.)

Dr. H. C. Wood, in a recent number of the *University Medical Magazine*, says:

"It has been used with success in simple goitre, in the goitre of Switzerland, before calcareous degeneration has taken place. It will bring about destruction and absorption of the overgrown tissues.

"The thyroid extract has also been largely used in exophthalmic goitre, but here I am sure it does harm."

FORM OF ADMINISTRATION.

In my limited experience the desiccated thyroid only has been used.

Some give the tabloids and many administer the fresh sheep's thyroid finely hashed as a sandwich, having first removed the capsule. Through the kindness of Mr. *Thomas, the druggist, and Dr. Morrison, the veterinary surgeon, I have here on exhibition the thyroid in its various forms, including the fresh glands from the sheep and ox.

*Dr. George R. Murray recommends the glycerine extract which is prepared as follows:

"As soon as the sheep has been killed and the skin has been removed from the neck, a median incision is made down to the larynx and trachea. The muscles of each side are then held apart and a

*See page 740, Vol. IV., Twentieth Century Practice of Medicine.

*Mr. Thomas, the druggist, corner Temple and Spring streets, Los Angeles, supplies fresh sheep glands to physicians.

little dissection with sterilized instruments soon exposes the two lobes of the thyroid gland, lying one on each side of the larynx and upper part of the trachea. The lobes are dark reddish brown in color, firm in consistence, shaped like an almond and united by a rudimentary isthmus crossing the front of the trachea, which may be easily overlooked. Each lobe is removed separately and transferred to a sterilized glass jar. When the sheep is opened the thoracic and abdominal organs must be inspected to make sure that the animal is healthy. The thyroid gland of a pig or a cow may be used if it is more easily obtained. All the apparatus employed in the actual preparation of the extract should be previously sterilized either by dry heat or by boiling. The glands are freed from any fat or connective tissue which may remain adherent to them; they are then finely minced and the fragments, together with the fluid which has escaped during the process, are placed in a mixture of equal parts of glycerine and boiled distilled water, in the proportion of two cubic centimeters of the mixture to each thyroid lobe. The mixture is allowed to stand in a cool place for from 12 to 24 hours; it is then squeezed through a fine cloth by means of a press, so as to obtain as much liquid as possible. By this means three cubic centimeters or forty-five minims of the liquid thyroid extract are obtained from each lobe of the gland, that is to say, on the average six cubic centimeters or one dram and a half from the entire gland."

This glycerine extract may be given in water in doses of from three to twenty minims. Begin with small dose; increase gradually, watching the pulse. Any undue acceleration of the pulse, amounting to 10 or 20 additional beats in a minute indicates that the dose is quite large enough. If any increase in pulse-rate beyond this takes place the dose should be diminished either in frequency or quantity. A rise of temperature amounting to a degree above normal indicates that the dose is too large. Watch for gastro-intestinal disturbances.

Dr. Murray says the thyroid may be given raw in doses varying from one-eighth of a lobe to a whole lobe. The portion of the gland should be minced and taken in glycerine or some other vehicle which will cover the somewhat nauseous taste of the raw tissue. Cooking—even lightly broiling—diminishes the virtue of the gland.

DANGERS.

In overdose it causes gastric irritation, nausea, loss of appetite, heart weakness, dizziness, tremor, fever, restlessness, polyuria and sometimes glycosuria.

Gould's Year Book, page 574, says it is contra-indicated in acute insanity, tuberculosis, valvular heart disease and in marasmic states generally.

Foulis reports a case in which the patient died within 24 hours after taking a quarter of one lobe of a sheep's thyroid gland. Profuse diarrhea set in followed by coma and death. Vomiting and purging occur frequently after taking large doses of the raw gland.

A recent paper by Dr. Robert Hessler, of the Northern Indiana Hospital for Insane, gives an account of what corresponds to an attack of exophthalmic goitre, brought on by large doses of desiccated thyroid gland. The case was that of a cataleptic who had lain immovable in bed for over three years; there was an absence of motor and sensory activities; the feeding was by means of the nose-tube. Under increasing doses of gland constantly increasing activities resulted, until finally the patient "returned to life" and was able to speak and walk. At a time when 75 grains were given daily, symptoms of exophthalmic goitre appeared and the remedy had to be discontinued temporarily; the pulse going up to 160. In the course of a few days the patient relapsed to his usual condition but "revived" on again receiving the remedy, with a return of the symptoms mentioned. The case was reported in the *Indiana Medical Journal*. A similar case recovered promptly in a few weeks on small doses. The thus artificially

†A half per cent. solution carbolic acid is sometimes used.

*Journal American Medical Association, Nov. 7, 1899.

produced exophthalmic goitre had all the characteristics of the natural disease, minus the glandular enlargement, and all symptoms disappeared on withholding the remedy or under a small dosage. From a study of this case, and several others receiving similar treatment, the author concludes that Graves' disease is due to an over-stimulation of the nervous system by products of the thyroid gland, and that the administration of this gland as a remedy is injurious; the proper treatment is one tending to reduce the functional activity of the thyroid gland.

CONCLUSIONS.

1. It has passed the experimental stage in the treatment of myxedema and is a specific for that condition.
2. There have been numerous undoubted cures of obesity by its use.
3. The results of its use for uterine fibroids are encouraging and justify further trial.
4. The reports where it has been used in the treatment of syphilis are favorable, but there is not enough data upon which to base an opinion.
5. It has proven useful in the treatment of psoriasis and lupus.
6. The reports as to its usefulness in goitre are conflicting, but it should be thoroughly tried before operation is determined upon.

315 West Sixth Street.

A CASE OF SANTONIN POISONING.

BY J. LEE HAGADORN, M.D., LOS ANGELES, CAL.

Not long ago I was called to see a child of two and a half years. I found the little girl in a condition of stupor, pupils widely dilated, with complete amaurosis. The surface of the body was extremely pale and cold and bathed in cold sweat. From time to time slight convulsive movements would pass over the body and slight trismus was noticed. The pulse was 140, small and thready. The temperature slightly sub-normal. The respiration was shallow and hurried and at times sighing.

The mother said the child had eaten a whole boxful of "worm medicine" some three hours before, and she had become alarmed because the child began to stagger about, and finally became blind. I had a box of the medicine sent for and found it to be the regular one-half grain troches of white santonin with sugar. A full box contained 12 troches, so that the child had eaten no less than six grains of the drug.

After emptying the stomach and stimulating, the bowels were emptied by oil and enemata. In the course of two or three hours the amaurosis gradually disappeared and the child began to pass enormous quantities of highly colored urine, (a brilliant yellow), which, on standing, threw down a fine yellow deposit.

The stupor continued for four or five hours and the tremor and mydriasis persisted for two days. The conjunctiva and skin were colored yellow by the following morning and this, with the yellow urine was observed for almost a week, during which time the child continued in a highly nervous state, and on one occasion had several mild convulsive seizures.

Santonin is a drug frequently used and often dispensed without a physician's prescription. Schmidt, in the *Deutsche Klinik*, and Lohrman in the *Wurtemberg Corr. Blatt*, report cases, the former a child poisoned by six grains and the latter an adult who exhibited grave toxic symptoms after taking four grains.

*Read before the Los Angeles County Medical Association, Oct. 26, 1902.

Neither of these cases proved fatal. Linston, however, tells of a case in a child of 10, where death ensued after a dose of two and one-half drachms was taken. Grimm reports a case of a child of four and a half years who died after the ingestion of a little over five grains.

The chief action of the drug is upon the nervous centers, their excitability being first increased and later diminished. The changes in the circulation, headache, giddiness, convulsions and the final stupor being all of central origin, as must also be attributed the vomiting which usually occurs, and is sometimes of the explosive character. In my case the patient was too young to complain of xanthopsia, or change in the color sense, which is the first and most prominent symptom in the majority of these cases. This symptom has been observed after the administration of a full medicinal dose. Spencer Wells observed colored vision after the exhibition of a four grain dose. Xanthopsia appears, according to Farquharson, within 25 minutes after a toxic dose has been taken, and lasts from two or three hours to twenty-four hours, sometimes being intermittent in character. The factors in the production of this change in the color sense have never been satisfactorily explained. Helmholtz, of Leipzig, believes that it is caused by the direct influence of the santonin on the violet-perceiving organ, while Schultz, of Bonn, claims that the retina itself is colored yellow by the drug.

Some careful observers assert that violet vision precedes the yellow vision for a short time. All authors have noted its effect upon the urine, increasing the quantity excreted and greatly increasing the amount of solids, especially urea. The dose of santonin is given as from two to four grains for the adult, and one-half to two grains for children. The white santonin is said to be more poisonous than the yellow. There is no known physiological antidote.

147 S. Main Street.

A CASE OF TOTAL BLINDNESS; POSSIBLY DUE TO AN OVERDOSE OF QUININ.*

BY H. BERT ELLIS, B.A., M.D., LOS ANGELES, CAL.

PROFESSOR OF OPHTHALMOLOGY, MEDICAL DEPARTMENT, UNIVERSITY OF SOUTHERN CALIFORNIA.

August 8, 1895, I was called to J. W., a man 34 years old. After repeated questioning of the patient and his sister, the following disconnected, incomplete and probably somewhat inaccurate history was elicited:

The young man was an accountant in the employ of one of the Texas railroads and had been with them for years, although for some time he had been an opium, whisky and tobacco habitué. The first habit he had contracted as a result of the use of opium during an attack of dysentery. Four years ago, he had gone to an institute and had been cured of these habits, but quickly lapsed into them again, excepting that he never renewed the use of tobacco.

I was unable to find out definitely the amount of morphin and whisky that he used daily. His own statement was to the effect that he had been taking about seven grains of morphin daily. This statement was probably inaccurate, for judging from the amount it was necessary to give to keep him reasonably quiet, at the time I was called, he certainly could not have been taking less than from 10 to 20 grains in the 24 hours, and probably more for some months; and of whisky he used from one pint to one quart daily.

*Read in the Section on Ophthalmology, at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896.

In October, 1894, when suffering from malaria, he had been given by a physician 120 grains of quinin in 24 hours in four doses. In a very short time he was totally blind in both eyes, but this condition lasted only about two weeks, after which there was a gradual return of vision, so that he resumed work on his books, and was able to continue at intervals by the aid of an assistant (for his vision never became good), till February, 1895, since which time he had not been able to see anything, except to distinguish a bright light occasionally. There was no history of concurrent deafness.

During June and July he had been living with a woman who was an opium habitué and she had kept him constantly saturated with morphin, till his sister brought him to Los Angeles.

The patient, five feet, nine or ten inches tall, was extremely emaciated, weighing about 103 pounds; his normal weight had been from 145 to 150. He had the marked opium cachexia and puffiness of lower lids. There was almost complete loss of the cutaneous and deep reflexes, the knee jerk being entirely absent. The bowels were sluggish, and the urine very scanty, 10 to 12 ounces in 24 hours. He was practically demented, his memory so defective that he could not sustain a conversation.

The pupils were so small that it was quite impossible, in his helpless condition, to make a satisfactory ophthalmoscopic examination, without producing mydriasis, which I did with a weak solution of sulphate of atropin, and found the fundi presenting very small deviations from the normal. Both nerves were pallid and the arteries and veins, though relatively normal, were both slightly reduced in size, no other changes could be detected.

The morphin was gradually diminished and codein substituted, the whisky slowly reduced, so that by November 1, he was taking no morphin or whisky.

At different times, trional in 15 grain doses, chloralamid 30 grains, chloral and bromids 20 and 30 grains, and hyoseyamin, 1-30 grain were given to quiet him. Sulphate of strychnin was administered, in gradually increased doses, from 1-60 to $\frac{1}{2}$ grain three times daily, hypodermically, in the temples. The knee jerk and other reflexes returned. Occasionally he would describe quite accurately some object in the room, but these returns of vision were very transient. His intellect improved materially, as did also his physical condition. About November 1, he had two quite marked convulsions, and we decreased the strychnin. The patient died late in December, of bronchitis and edema of the lungs; a condition not unlike senile bronchitis.

Was this a case of toxic amblyopia? and if so, was it due to quinin, morphin or whisky?—*Jr. Amer. Med. Ass'n., Nov. 7, 1896.*

ABSTRACT.

THE TREATMENT OF TUBERCULOSIS AND OTHER INFECTIOUS DISEASES WITH OXYTOXINS. PROVISIONAL REPORT.

BY J. O. HIRSCHFELDER, M.D., SAN FRANCISCO, CAL.

Tuberculosis is often spontaneously cured in the human body by the development probably of an antitoxin. The use of antituberculine is open to two objections—infinitesimal dose and the necessity of being dissolved in the serum of the animal. Some efforts to overcome these difficulties have been attempted in the direct isolation of the antitoxin, or its production directly from the culture fluid by electrolysis or other means. Success would be greater if the process by

which the body disposes of the poison were known. Various theories have been advanced, but none as yet conclusively demonstrated. Certain well known facts may be a guide to the better understanding as to what does take place. In 1864 Spencer Wells performed laparotomy in consequence of an erroneous diagnosis upon a case of tubercular peritonitis. Contrary to all expectations, the patient recovered. Numerous recoveries in similar cases have been reported since then, even distant tuberculosis has disappeared after such operations. It seems probable that the entrance of air into the peritoneal cavity was the curative factor; an oxidation of the tubercule was thus brought about, and it is this oxytubercule which effected the cure both of the local and the general tuberculosis. It certainly seems a very probable hypothesis that it is oxidation whereby the toxin is changed into antitoxin in the animal body, and it likewise follows that if such oxidation could be effected outside of the body, it would be in our power to produce antitoxins in unlimited quantities and free from all unfavorable admixtures. Investigations point to this being a general law. After numerous experiments it was found that by long continued sterilization of tubercule with peroxide of hydrogen its properties became completely changed and it could be safely used in enormous quantities. At present the following is the method of manufacture of oxytubercule. Add 60 c. c. tubercule to 240 c. c., 10 per cent. solution of peroxide of hydrogen, and add water to 936 c. c.; sterilize 96 hours; clarify with caustic soda and add five per cent. of boric acid; filter and test on animals before using on man.

Consumption is usually a mixed infection and an oxytoxin made from sputa of a patient with high fever has been found to be beneficial in hectic cases, and the resultant fluid termed oxysepsine. These remedies are used hypodermatically, by the regular antitoxin syringe. By using great care no more local disturbances were produced than those which might arise from indifferent fluid. Within a few days cough and expectoration diminish, and the most striking effect is the rapid improvement in the appearance of the patient. His eyes become bright, and his color changes from the grey hue of tuberculosis to one more nearly resembling that of health. The appetite rapidly returns and with it a feeling of vigor that is most pleasing to the patient and to the physician. This is especially evident in very early cases in which there is little or no fever. In cases in which only slight fever is present, temperature soon diminishes and often becomes normal. At the same time infiltration of the lung gradually disappears, so that most careful examination fails to reveal any deviation from the normal whatsoever, after the treatment is completed. The bacilli of tuberculosis in the sputum may rapidly diminish and finally disappear altogether.

This treatment was instituted in November, 1895, and to date the patients that recovered remain well.

Dr. Hirschfelder then reports in detail eight cases, all of whom show strikingly and conclusively the value of the oxidized toxins in the treatment of tuberculosis. A general idea of the success can be gleaned from the report of one case:

Case 5—Miss S. D., aged 22. Sister died of phthisis. Patient was well until two years ago, when she had a pulmonary hemorrhage followed by a persistent cough. Last November she had a second severe hemorrhage; since then the cough has been worse and has been attended with profuse expectoration, night sweats and dyspnea. Last Monday she had another hemorrhage. Physical examination: Fairly well developed, moderately well nourished, pale, slightly cyanotic individual. Head no peculiarity. Cervical glands slightly enlarged. Thorax long, moderately broad, fairly arched, moderately deep. Slight scoliosis. Left side moves less than right. Flatness of both apices posteriorly to the first

dorsal vertebra, anteriorly to the clavícula. Bronchial in and expiration of both apices with consonant rhales. Heart, liver and spleen normal. Spirometer 600 c. c. Hemoglobin 75° (Gowers'). Urine normal. Sputum contains large quantities of bacilli tuberculosis. Morning temperature sometimes reached 101°. Her weight was 122. Treatment by oxytuberculine was begun April 6, '96, and improvement soon began. The fever soon entirely disappeared. On April 28th, the evening temperature reached 102°, however, then fell on May 14th to 98.8° and never rose again above 100°. On June 8th the patient began to feel decidedly better, and on June 9th the sputum was examined and no bacilli were found. Since then, there has been practically no cough, and only on rare occasions could sputum be obtained for examination. Such investigation has invariably failed to show any bacilli. By June 1st she had improved so much that she was able to return to her work and to feel well while working. Still the weight has not improved, but on the contrary, had gone down a little, to 117, in spite of the very great improvement in every other respect. It was therefore decided to use oxysepsine in combination and this treatment was followed by a very marked general improvement. On Aug. 17 she reported herself feeling well, with very little cough and expectoration. A slight depression of the left supraclavicular fossa was found, but none of the right. Both sides moved equally on respiration. At the uppermost portion of the right apex posteriorly the percussion pitch was slightly higher than on the left, but no dullness could be detected, and the respiratory murmur was slightly harsher. The spirometer showed 1900 c. c. and the hemoglobinimeter 75 per cent.

SELECTED.

DEPARTMENT OF MEDICINE.

UNDER THE CHARGE OF DRs. F. D. AND ROSE T. BULLARD.

TREATMENT OF DIPHTHERIA. (*Jr. Amer. Med. Ass'n.*, Oct. 17, 1896.)
—Dr. Benjamin, Camden, N. J., after 10 years' trial of local antiseptic treatment in diphtheria, having had 100 cases with 100 recoveries, recommends the following mixture, a clear, permanent liquid of a purple color:

R Acid acet. dilut.....	fl drachm ij
Pot. chlorat.....	drachm ss
Acid carbol.....	gtt. v
Tinct. ferri chloridi.....	gtt. v
Pulv. alum.....	gr. v
Acid salicylic.....	gr. j
Glycerin.....	fl ounce ss
Aquae ros.....	fl ounce ss
Aquae q.s., ad.....	ounce iv
Misce. Sig. In severe cases have 'all the mucous membrane thoroughly sprayed through the nose and mouth at intervals of 15 or 20 minutes, or even longer, about 15 seconds at a time, the child breathing as naturally as possible during the application.	

He also uses tinctur. ferri chlorid, in large and frequent doses, as he thinks it produces favorable conditions of the blood and benefit is received by its local action while being swallowed.

THE SALICYLATES IN THE TREATMENT OF HEMOPTYSIS. (*Phila. Polyclinic*, Oct. 24, '96.) Dr. Thos. J. Mays recommends this treatment in cases

in which a profuse and persistent loss of blood frequently occurs, and with which is associated the rheumatic or gouty diathesis. Sometimes the blood is insignificant in amount—only occasionally discoloring the expectoration—but in spite of its minuteness it seldom yields to current treatment. Two cases are reported where prompt improvement resulted from the administration of sodium salicylate, other treatment having failed. He says the salicylates are not only applicable in hemoptysis, but are of equal use in many other forms of chest disease. He does not expect this to displace other remedies, but wishes to impress its importance in this special class of cases, especially as its beneficial effects do not seem to be widely known, for in the discussion on hemoptysis at the last meeting of the American Climatological Association not one speaker alluded to it although the discussion was participated in by more than a score of prominent practitioners of this country. The rheumatic tendency may be very obscure sometimes, and when it is in doubt it is in order to develop the diagnosis by the administration of the drug in question.

METHOD OF DISINFECTING THE BLOOD IN SERIOUS INFECTIOUS DISEASES. (*Therapeutic Gazette*, Oct. 15, 1896.)—Dr. Henri Barre has given the name "disintoxication of the blood" to the simultaneous employment of two therapeutic means; the one very ancient, bleeding; the other very modern, the intra-venous injection of artificial serum. The aim is to combat the phenomena of general intoxication and purgatives, diuretics, stimulants, sedatives, etc., should first be given a fair trial. The maladies calling for this measure are: Uremia, eclampsia, diphtheria, infectious pneumonia, capillary bronchitis, general acute peritonitis, cerebro-spinal meningitis, typhoid fever, scarlet fever, etc.

The necessary instruments consist essentially of two india-rubber tubes, terminating in needles of a diameter a little greater than that of a Pravaz syringe. The longer of these tubes (about $1\frac{1}{2}$ meters) conducts into the veins the artificial serum from a graduated vessel more or less elevated according to the degree of force required. The second tube (one meter long), of which the needle is inserted in a vein of the other arm, has its free end in a graduated vessel, and thus serves to extract blood. The flow of the two liquids can be so regulated that, the circulatory system being always equally full, arterial tension need not be diminished as it is from ordinary bleeding. The quantity of serum introduced and of blood withdrawn may vary between 500 grammes and one liter in accordance with the degree of intoxication. The exchange of liquids is made very quickly (in 30 to 50 minutes), so that no sharp reaction ensues; grave symptoms insensibly diminish and are followed soon by refreshing sleep. On waking the patient desires to pass water. Sometimes sweating accompanies the re-establishment of urination as in natural crises.

Dr. Barre expounds the following theory:

1. There is elimination of the excess of toxins.
2. The effects continue because the bulk of blood is not diminished in volume and does not need re-forming at the expense of the fluids of the economy, and, the arterial pressure not being diminished, no obstacle to diuresis is created.
3. Not only are the toxins eliminated, but those which remain become diluted and less powerful for evil.
4. As recent researches have proved, the alkaline salts have a favorable action on the bactericide powers of the blood, and the method thus provides the economy with a new means of fighting successfully against the microbes.

Dr. Barre believes the method will be found of enormous advantage in veterinary as well as human pathology.

THIGH FRICTION IN INFANTS UNDER ONE YEAR OF AGE. (*Arch. of Pediatr.*, November, 1896.)—Dr. Chas. W. Townsend reported to the American Pediatric Society five cases of thigh friction, all of which began during the first year of life, the youngest being six months old. All were in females, and in all the nature of the trouble, although perhaps suspected, was not fully recognized by the parents. There was no irritation about the genitals. He did not in the paper consider treatment, but called attention to the subject of masturbation in infants, because he thought it was usually misunderstood and overlooked by physicians and the laity alike. If recognized early, before the habit is formed, it can as a rule be easily stopped, whereas if it goes on until the child is four or five years old, the habit has not only affected the health of the child, but has become so firmly seated that it is almost impossible to dislodge. In the discussion Dr. L. Emmett Holt said he thought masturbation was often begun as a result of the irritation of highly acid urine. This should be attended to and in young infants nothing was so efficient as mechanical restraint. Dr. Wm. D. Booker thought mechanical appliances would irritate a child and more could be accomplished by careful watching with mild punishments. Dr. Townsend had found the latter treatment very efficacious in beginning cases.

ICHTHYOSIS IN CHILDREN. (*Pediatrics*, Nov. 15, '96.)—Dr. David Walsh, London, reports four cases treated by thyroid gland and pilocarpine nitrate. From the history of the cases he concludes that thyroid gland on the whole is well borne by children. A boy, aged four, took five grains daily for two months, when it was stopped temporarily on account of pain in head. A girl of 11 took 15 grains daily for weeks without discomfort. He administered usually a tabloid consisting of five grains of the dried gland with one-tenth of a grain of pilocarpine nitrate. Experimental evidence indicates the use of the latter drug because the hindered activity of the sebiparous glands is a prominent feature of the disease. He regards these agents rather as valuable aids in treatment than in the light of specific cures. He considers local treatment a necessary adjunct, and concludes that probably the best means at our command in attacking the ichthyotic condition would be the use of hot tar or other baths, with simple inunctions and the internal administration of thyroid gland and pilocarpine.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA, AND CARL KURTZ, M. D.

TREATMENT OF HEMORRHOIDS. (*Mather's Medical Quarterly*.—By H. R. Coston, M.D., Fayetteville, Tenn. I will say in beginning, that my preference is decidedly for the clamp and cauterly operation, and as we proceed I shall attempt to show you why it is so.

Palliative treatment is never to be used in a well-established case of hemorrhoids, when the patient's consent to a radical operation can be obtained, unless there are grave reasons why an operation should not be performed, such as serious heart lesions, advanced phthisis, etc. In acute hemorrhoidal disease, palliative or medical treatment sometimes allows nature an opportunity to heal her own ills. In such a case the bowels should be kept in a soluble condition, the patient should abstain from animal food, stimulants, and tobacco. He should take a full enema before going to stool, and after the bowels have been emptied

he should bathe the parts thoroughly in cold water. The tumors should be carefully reduced after each evacuation. After reducing the piles a suppository or an ointment of subsulphate of iron should be introduced into the rectum, opium, cocaine, or belladonna may be added, *pro re nata*; carbolic or nitric acid may be applied to the bleeding points, taking care not to touch the healthy surface with it. Ice may be used as a suppository when there is much inflammation present. In acute cases as in others, whatever complications exist, such as torpid liver, uterine displacements, stricture of the rectum or urethra, vesical calculus, enlarged prostate, phimosis, etc., must receive proper treatment, else the treatment directed to the piles will result in failure.

Treatment by Injection. This method is not so reliable as either the ligature or clamp and cautery operations, but occasionally cases are met with in which it is necessary to use it because of an absolute refusal of the patient to submit to more thorough methods of treatment. The substance injected—carbolic acid, creosote, nitric acid, fl. ext. ergot, kino, or any other of the host of remedies which have been lauded as curative—should be thrown into the center of the tumor, not under it. Ulceration and abscess are very prone to follow in this method of treatment, and relapse almost sure to occur. Cure, if cure is obtained, is slower in being attained, only one tumor being injected at a time. It is impossible to determine the amount of sloughing that will occur, and this leaves an open sore for the ingress of microbes. This treatment is unreliable, attended with pain and danger, and is the ideal operation of advertising charlatans and should receive no encouragement from the regular profession.

Operation by Ligature. Before any radical operation, the bowels should be well emptied; the diet should have been light for the preceding 24 hours. The patient should be profoundly under the influence of an anesthetic—I prefer chloroform. The patient should be placed in the extreme lithotomy position, legs drawn up by Kelly's leg-holder or by a sheet folded diagonally and passed under the knees and neck of the patient, and the opposite corners tied together; this arrangement keeps the field of operation well under the surgeon's control. Next introduce the thumbs, back to back, into the rectum and distend the sphincter until there is no resistance. Wash out the rectum with a large stream of water. Take hold of the tumor with a tenaculum forceps and draw it well down and make an incision at the base of the tumor at the junction of the skin and mucous membrane. Dissect well up under the tumor to its upper limit. The blood vessels enter from above, and we need not be afraid of cutting them if we keep close to the muscular coat of the bowels. After the pile is raised well out of its bed, pass a ligature around the pedicle and draw the tumor well down and tie the ligature as high on the pedicle as possible, cut off the bulk of the tumor, being careful to leave sufficient stump to prevent the ligature slipping off. The smaller piles should be dealt with first. After cutting the ligature short, return the pedicle within the bowel. An opium or belladonna suppository may be introduced to allay pain. The bowels should be moved by enema the third or fourth day. Keep the patient quiet for ten days or two weeks.

Clamp and Cautery Operation. The preparatory treatment is the same for the clamp and cautery operation as for that by the ligature. The instruments necessary are few and simple: A good thermo-cautery apparatus, a Kelly or Smith's pile clamp, a double tenaculum, and a pair of scissors. These are all that are needed. Anesthetize the patient thoroughly and tie up the legs, distend the sphincter, and wash out the bowel as previously described. Take up one tumor at a time with the tenaculum forceps and make an incision with the scissors at the junction of the skin and the mucous membrane, put on the clamp

across the tumor—not lengthwise of the bowel—with the lower blade in the incision and screw it down tightly; cut off the top of the tumor, leaving about one-fourth of an inch of stump above the blades; apply the cautery at a dull red heat and burn the stump well down to the clamp; carefully unscrew the clamp and remove it, taking care that the eschar be not loosened in its removal; follow the stump through the blades with the cautery. Treat each pile in like manner. If the tumors are too small the top need not be cut away, but may be burned away with the cautery. If the tumors are too large to be grasped by the clamp, split them into parts, in line of the bowel, with scissors, treating each half as a separate tumor. Be careful not to take up the healthy mucous membrane between the piles in grasp of the clamp and there will be no contraction of the anus or rectum. Carefully return the stumps inside the bowel. Open the bowels with a saline on the second day, using an enema when the desire for stool is felt. The patient may be up from the third day, but should keep his room for a week. I have had a patient plowing after one week indoors. If there is pain or tenesmus after the operation, introduce an opium and belladonna suppository; but if the sphincter is thoroughly distended, and you do not touch the cutaneous surface with the cautery, there will be but little pain following the operation.

Now, why do I prefer the clamp and cautery operation over all others? or over the ligature as the next best?

First—In the operation with the ligature you tie up the most sensitive of all nerve ends, and they are sure to resent it by intense pain, which will continue until the stumps slough and the ligatures come away. In the cautery operation you have no such to contend with; the nerve end is simply cut away and cauterized, and there is nothing left for it to do but cicatrize, and it is left in the best possible condition for this.

Second—The ligature may slip and secondary hemorrhage occur; after the clamp and cautery operation, there is no danger of secondary. If hemorrhage occurs it does so immediately, and the operator can only blame himself for it.

Third—There is no danger of a recurrence. Kelsey, of New York, and Smith, of King's College, London, both support me in this statement, and they have had a vast experience with this operation. It will be admitted by all that recurrences do follow the ligature operation.

Fourth—Convalescence is much more quickly completed, for the reason that it begins at once under the eschar produced by the cautery and would be completed by the time the ligatures came away should the two operations be used on separate tumors in the same case at the same time.

Fifth—The mortality following the clamp and cautery operation is practically *nil*.

Sixth—The cautery operation requires less care from the physician after the operation.

Seventh—There are no unpleasant sequelæ.

HOW TO CLEAN RUSTY INSTRUMENTS. (*Journal British Dental Association*.)—Brodie gives the following as an effective method of cleaning rusty instruments:

"Fill suitable vessel with saturated solution of stannous chloride (chloride of tin) in distilled water. Immerse the rusty instruments and let them remain over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness."

ASEPSIS. (*International Journal of Surgery*.)—An aseptic pocket case is a scientific absurdity. A good surgical knife, a stout pair of scissors, a sufficiently

large and strong anatomical forceps, a large probe with a button at one end and an eye at the other, and possibly a piece of silk and a needle, are all the instruments that are really necessary. These may be carried in a neat canvas "folder" and the whole contained in a leather pocketbook. The instruments may be sterilized in a match flame and should be dipped in water while hot. The needle and silk may be boiled in a teaspoon over a match flame. Hemorrhage, even from quite a large vessel, may be checked by a silk suture. This device will nearly always take the place of the artery forceps.

ADDISON'S DISEASE CURED BY REMOVAL OF A SUPRA-RENAL CAPSULE. (*Medical Press and Circular*.)—The surgical treatment of Addison's disease has hitherto given very uncertain and rather unfavorable results, in spite of the close pathological relationship between disease of the adrenals and the curious group of symptoms to which Addison has bequeathed his name. Dr. Hadra, of Berlin, however, has recently placed on record a case of well-marked Addison's disease in a woman, aged 55, in which the characteristic symptoms disappeared soon after the removal of one supra-renal gland. This gland proved to be the seat of extensive tuberculous disease, and it is worthy of remark that in this instance the other gland was perfectly healthy. It is quite possible that the presence of a structurally healthy gland affords an explanation of the recovery. It is comparatively rare for tuberculosis to affect one gland only, and though physiologists have still much to learn with respect to the functions of these glands, clinical observation points to the existence of supra-renal function, failure of which determines the anemia, emaciation and nervous depression, etc., which together constitute this disease. The administration of extracts of supra-renal gland has not hitherto given encouraging results in the treatment of Addison's disease, though it would *a priori* appear to stand on all fours with myxedema. In any case the fact that a patient has recovered under well-defined and carefully recorded circumstances cannot but assist pathologists in arriving at a clear understanding of the morbid processes upon which it is dependent.

NERVOUS AND MENTAL DISEASES.

UNDER THE CHARGE OF H. G. BRAINERD, A.B., M.D., PROFESSOR OF MENTAL AND NERVOUS DISEASES, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

TOXICOSIS OF THE NERVOUS SYSTEM AS A CAUSE OF PULMONARY CONSUMPTION. (*Jr. Nervous and Mental Dis.*, Nov., '96.)—Dr. T. J. Mays: The fundamental concept of this paper is that impairment of the integrity of the nervous system, and especially of the pneumogastric nerves, leads to some form of pulmonary disorganization and very frequently to that condition which is known as pulmonary consumption.

Resumé and Deductions.—Owing to their manner of actions, the poisons may be separated into two groups: First, those which bring about a slow intoxication of the nervous system, and which induce a crop of chronic pulmonary diseases; and second, those which act more or less acutely and which produce a crop of acute diseases of the lungs and which subsequently merge into well settled phthisis. The former group includes alcohol, syphilis, mercury, lead and uric acid, while the latter comprises typhoid fever, diphtheria, measles, whooping-cough, mumps and influenza. To these poisons might be added those which engender beriberi, pellagra and cerebro-spinal meningitis.

While the ultimate trend of all these poisons is to undermine the nervous sys-

tem, and to bring on pulmonary disorder, it must be understood that the chronicity or the acuteness of the latter process depends in a large measure on the virulency of the poison, on the amount and frequency with which it is introduced, on the persistency of its action, and on the facility or difficulty with which it is excreted by the body. In these particulars they vary greatly. Alcohol is eliminated rapidly through the lungs and the kidneys, and would not be attended by such serious danger to the economy, were it not for the fact that the chronic "tippler" takes its frequently and for a protracted period. In the case of syphilis, a single injection is capable of salivating the whole body for a long time. Mercury and lead enter the body gradually, being inhaled or ingested, and are eliminated exceedingly slowly. A comparatively small quantity of these poisons therefore suffices to work grave and irreparable injury to the nervous system. Of all the poisons in the first group, uric acid is probably the most harmless, and being a normal constituent of the body, it only becomes dangerous when present in excessive quantity and for a protracted period. The members of the second group also differ somewhat in the rapidity with which they generate pulmonary disintegration. The poisons of whooping-cough and influenza having a special affinity for the pulmonary nerves, bring about this result more rapidly and in a larger number of instances than is the case with those of typhoid fever, diphtheria, measles and mumps, whose action on the nervous system is probably more general.

TWO CASES OF TETANUS FOLLOWING THE REPEATED INJECTIONS OF MORPHIA. (*Jr. Nerv. and Mental Dis., Med. Chronicle*, May, '96.)—Dr. D. J. Leech: The first case was that of a medical man, 35 years of age, who died three days after the onset of the tetanic paroxysms. He had contracted the habit of injecting himself frequently with large quantities of morphia. There was reason to believe that he had paid but little attention either to the cleanliness of the syringe, or to the clearness of the solution used. The second case was that of a man, who for several years had taken morphia for the relief of great abdominal pain and sickness. He developed violent tetanic paroxysms from which he died in a few hours. His body was covered with marks due to the hypodermic injections of morphia. Similar cases are reported in the *British Medical Journal*, November, 1879, and July, 1892, and in the *Lancet* for 1867, vol. II., p. 26.

EFFECT OF ACUTE ALCOHOL POISONING ON SIMPLE PSYCHICAL PROCESSES. (*Quarterly Jr. of Inebriety*, Oct. '96.)—Dr. C. Furer concludes: "What do these intoxication experiments teach? They show in the first place that even a slight degree of intoxication influences the capacity for work unfavorably for many hours, certainly all kinds of mental work which take recognizable shape. An "early pint" makes its effects felt, even on the evening of the following day, and in the same way also an amount of alcohol in the evening which is still within the limits of "moderation." We see, however, that the effect varies for different kinds of work; that learning by heart and associations do not return to normal till the morning of the second day following. And all this after an "excess" which never produced noticeable intoxication nor a "morning headache." These results have a very practical application. They indicate what an enormous working power is lost in consequence of the common use of alcohol. This loss is not recognized by the subjects of it, and is only proved by exact experiments. The author had no idea that these results would be obtained, and had not expected anything important; he was astonished and appalled at their weight and character. He thinks they will prove a powerful weapon in favor of temperance.

OBSTACLES TO THE SUCCESSFUL TREATMENT OF ALCOHOLIC INEBRIATES. (*Quar. Jr. of Inebriety.*)—Dr. C. S. Kinney. Perhaps one of the most pernicious habits in enervating one's self, and in which the memory, continuity, moral sense, powers of perception, as well as the will-power become weakened, owing to impaired nutrition of the blood, is that of cigarette smoking. From observation I have come to believe that few, if any, of those who need treatment for inebriety can be successfully treated so long as they indulge in this habit. The practice of inhaling the smoke so constantly, as is the habit of the cigarette smoker, has the effect of keeping the lung tissue thoroughly impregnated with it, and prevents the blood from becoming properly oxygenated. The fact is that for little or no time during the 24 hours is it possible to have fresh blood sent throughout the system. This will account for the offensive odor that invariably encircles the cigarette smoker, prominent in breath and perspiration, and shown also in the particular sallowness of the skin, in the lack-luster expression of the eyes, and in the listless manner that betokens the characteristic physical enervation of this class of patients. Moreover, the mouth and throat of a cigarette smoker are kept in a degree of irritation that accentuates the desire for drink more than would otherwise be the case.

RELATION OF ALCOHOLIC INDULGENCE TO INSANITY. (*Amer. Jr. of Insanity.*)—Drs. H. M. Bannister and Alder Blumer.

1. Alcoholic excesses produce insanity.
2. They are directly the cause of at least 10 or 12 per cent. and probably of a somewhat larger percentage. Indirectly they are among the casual factors of a very large proportion of cases that cannot be directly attributed to alcohol.
3. Moderate drinking is a very indefinite term, and this fact alone makes it impossible to utilize satisfactorily any statistics as to its effect in producing mental disease. There is, however, no reason to believe that moderate indulgence in alcohol is specially conducive to mental health in the average individual, and there is, on the other hand, a certain amount of physiological *a priori* presumption to the contrary. For the victim of hereditary taint or the neurotic it is undoubtedly often disastrous in its effects in this direction.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

THE VAGINAL VERSUS THE ABDOMINAL ROUTE. (*The New York Polyclinic.*)—Dr. Henry E. Coe, in discussing this subject, says:

"So far as my own experience goes, I would elect the abdominal method of exploration in the following conditions: 1. In the case of neoplasms or obscure enlargements which are situated in the abdominal cavity, or have risen above the pelvic brim, especially if they are more or less adherent. 2. In ascites of doubtful origin, more particularly when tuberculous or malignant disease is suspected. 3. In cases of disease of the adnexa in which the latter are situated near or above the pelvic brim, as established by bimanual palpation. 4. In cases in which the history and symptoms point to general intestinal adhesions, and, above all, when appendical complications are suspected. 5. In ectopic gestation before rupture, when the sac is high up, at the side or in front of the uterus, instead of in Douglas's pouch. 6. In case of intractable pelvic and abdominal pain of obscure origin, including the so-called neuroses.

"On the other hand, explorative vaginal section should be preferred: 1. In all cases in which the presence of pus within the pelvis is suspected, as in pyosalpinx, pelvic abscess proper, suppurating dermoids and cysto-adenomata, and hematocele. 2. In the case of small intra-pelvic tumors situated in the pouch of Douglas, or at least readily accessible from below. Impacted ovarian cysts, dermoids, and fibroids belong to this category. 3. Adherent adnexa situated in the true pelvis. 4. Unruptured ectopic sacs in the same locality. 5. Circumscribed exudates and indurations in the broad ligament, or behind the uterus, especially when associated with displacement and fixation of the latter organ."

GLUTOL—FORMACOLL and other preparations of formalin and gluten prepared according to Schleich's formula are now being used on wounds and ulcers. From limited observation of their use in incisions I believe they do harm when sprinkled over freshly cut surfaces. The claim is that the formalin being very gradually liberated by coming in contact with the tissues inhibits the action and multiplication of bacteria. In a recent celiotomy where I used glutol there was an annoying stitch abscess. While this may not have caused the abscess yet we are sure of one thing, viz.: it did not prevent it.

SANS PEDICLE.—Dr. T. J. Watkins in the *Medical Standard* for October, 1896, recommends performing salpingo-oöphorectomy without a pedicle. He separates the tube and ovary from the broad ligament by dividing the latter close to the tube from a point just external to the tube and ovary and continuing the division until the uterus is reached. The tube is then excised flush with the uterus. The wound in the broad ligament is now closed with a continuous catgut suture. Dr. Watkins' claim to originality is hardly justifiable, as practically his operation has been often done. The necessity of curettage of the uterus and using the actual cautery on the stump of the Fallopian tube is invariably apparent when there is uterine muco-purulent discharge.

UTERINE RETRO-DISPLACEMENTS. (*Medical and Surgical Reporter*, October 10, 1896.)—Dr. E. E. Montgomery, in discussing this subject, says: The pessary is only applicable when the uterus is free and readily replaced. The uterus should be carefully replaced with the patient in the dorsal or genupectoral position.

Never use the sound or repositor in replacing the uterus, owing to the dangers from traumatism, infection and sepsis. A preparatory treatment with vaginal wool tampons is advised. The medicated tampon raising the organ to a higher level improves its circulation and through the influence of the glycerine unloads the blood vessels and promotes the absorption of acute inflammatory exudate.

Dr. G. E. Shoemaker said: The pessary is at best a temporary expedient and most men are trying to do without it as far as possible. It is, however, useful in a small number of comparatively acute cases as a temporary expedient to hold up the uterus until involution can take place.

Dr. J. M. Baldy said. The pessary has practically gone out of existence in the armamentarium of the nineteenth century gynecologist.

Dr. W. Easterly Ashton claimed that in recent retro-displacements and in thoroughly uncomplicated cases the pessary is the only form of treatment available.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BARCOCK, A.M., M.D., PROFESSOR OF DISEASES
OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA.

REMARKS UPON THE CAUSES AND PREVENTION OF CHRONIC CATARRH OF THE NOSE, THROAT, AND EAR IN YOUNG CHILDREN. (*Med. Rec.*, Oct. 10, '96.)—Dr. Wendell C. Phillips. Chronic catarrh of the nose, throat and ear in children was frequently referred to some one of the exanthemata as the starting point, and correctly so in many instances. Measles and scarlet fever were most often to blame. It must be borne in mind, however, that the exanthemata occurred at a time of life when catarrhal diseases were apt to arise from other causes. Syphilitic and tuberculous cases constituted a class by themselves. An internal deformity or malformation of the nasal tract might be inherited. Climate was an important factor, but the author thought Bosworth was correct in the view that it could only aid other factors. An acute rhinitis, or cold in the head, was regarded by most writers as one of the chief causes of chronic catarrh in various forms. Among other causes named were improper or insufficient ventilation of sleeping and living apartments, the presence of large masses of lymphoid tissue, injuries to the nose resulting in deformity of the septum or displacement of the turbinateds. When the cause was mechanical, the development of the catarrhal process was often slow, but might be rapid. Speaking of prevention, he said physicians were often careless in the management of the exanthemata, in not giving due attention to the upper air passages. During convalescence, when nature was trying to reassert herself, aid should be given by use of antiseptic and soothing applications. One author had found that out of six hundred cases of the class under discussion, 12.5 per cent. had originated during scarlet fever; 26 per cent. during measles. The nose should be frequently and thoroughly cleansed in these affections, a spray or douche of warm antiseptic saline solution, like Dobell's, or solution of boracic acid, etc., or oily spray being used. Whatever medicament was used, it should be bland and non-irritating. Steam was very soothing, and was highly recommended. To the fluid one might add oil of menthol, etc.

Change of climate afforded temporary relief in many cases, and a permanent change of residence might become necessary when other measures failed. Lymphoid tissue, whether present in large or small quantity, should be removed. Due attention to adenoids would diminish the number of institutions for the deaf. Colds existed most frequently among children who were coddled and kept indoors, in heated and badly ventilated rooms. They ought to live more out of doors, not only in pleasant but even in threatening weather, and should be sponged daily with cold water. Many parents had come to recognize that children raised in this manner had even better health than those raised in the country, under usual conditions prevailing there. There might be practitioners who told parents to let these chronic affections alone and they would after a time disappear, but the writer had found such advice was the exception. At first many children objected to the nasal spray, but under gentle management they cease to oppose it. When there was mucus in the nose, especially when it became inspissated, there should be daily cleansing. Every physician should be able to make an intelligent examination of the nose, and in a case of injury correct the displacement at once. Operations should never be undertaken upon the nose of children except when there was such deformity or destruction as would lead to

tissue changes. In conclusion, the author reminded the family physician of the grave responsibility resting upon him in preventing chronic affections of the nose, throat and ear.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, Oct. 16, the president, Dr. H. G. Brainerd, in the chair.)

Dr. J. Lee Hagadorn reported a case of Santonin poisoning. (See page 405.)

DISCUSSION.

Dr. Granville MacGowan: I think this is a drug requiring great care. From my recollection would say that fatality has resulted from less dose than that taken in the doctor's case. In one case I was so much alarmed by two grains given in divided doses that I rarely give more than one grain in 24 hours to a child less than three years old. It is cumulative in effect, best administered with castor oil to aid its elimination.

Dr. J. H. Davisson: My experience has not taught me that santonin is so poisonous. California people rarely have lumbricoid worms, but while practicing in the East, I often had occasion to use santonin. It has seemed to me that many of the convulsions reported are due to the worms. I have given three or four grains in a day to a child of three or four years—have seen yellow urine frequently but nothing worse. There are great variations in doses recommended by different textbooks.

Dr. W. W. Hitchcock: I am from the same locality as Dr. Davisson and have had a similar experience; the remedy had something to work on besides the child. I have given three grains of santonin three times a day to a child three or four years old. Every child that was white around the mouth had to have some "worm medicine."

Dr. MacGowan: As an illustration of what one can stand, I once, being suddenly startled, pressed the bulb and gave a patient a medicine-dropper full of croton oil—he still lives.

Dr. Hagadorn: Would only add that in my case there were no worms to eat up the santonin.

An "X ray" apparatus having been brought to the hall through the courtesy of Dr. F. E. Yoakum, the doctor, after preliminary remarks as to its workings and its field of usefulness, gave some interesting practical demonstrations.

Dr. Ellis moved, seconded by Dr. Orme, that a vote of thanks be extended to Dr. Yoakum. Carried.

(Regular meeting, Nov. 6, the president in the chair.)

Dr. Walter Lindley read a paper on Tentative Thyroid Therapeutics. (Page 400.)

DISCUSSION.

Dr. J. H. Bullard: The author has given a good resumé of what is known on this subject, but he did not refer to a claim made by a Russian that he had obtained much better results in both myxedema and obesity by combining phosphate of soda with the thyroid.

Dr. G. W. Lasher: I saw a case of myxedema, in charge of another physician, who was taking some of the preparations of thyroid, but the sad part about it was that while the physical condition was improving, the mental was not, and his physician thought it never would. It is gratifying that a treatment has been found for a disease that has been considered fatal. Have seen very favorable

reports of its use in psoriasis. If I had a case of goitre or Graves' disease, I would try it. Saw one case of goitre which grew worse under its use that was afterward relieved by galvanism. Saw a case of Addison's disease in which everything else had been tried so suggested the use of thyroids.

Dr. F. D. Bullard: Have had no personal experience, but in my reading have noticed that it has been given with benefit to imbecile children. For Addison's disease the adrenal extract is recommended. As the prominent symptom of that disease is prostration, it seems reasonable to infer that the adrenal extract would be of value in neurasthenia. It is probable that there is not a functionless organ in the body; even the much maligned appendix may be found to have a function.

Dr. E. A. Follansbee: I have tried thyroid extract in one case of inoperable uterine fibroma, but it has not been progressing well; have had to stop treatment at times on account of heart weakness, tremor, etc.; she has also developed a numbness of the left leg and toe from the nervous disturbance.

Dr. A. L. Macleish asked if it had been employed in ichthyosis. Dr. Lindley said that two or three favorable cases had been reported, but had noticed nothing recently.

Dr. Geo. L. Cole: Am pleased to hear of the good thyroid treatment has done, as I probably never should have tried it again. I used it in one case of exophthalmic goitre in which electricity had been used for two years. The patient was prostrated, heart very rapid. Gave five grains t. i. d. long enough to satisfy myself there was nothing in it—may have given too large doses. I then gave tinct. strophanthus and after six weeks or two months there was much improvement—she continues to take it; pulse is down to 90 or 80 and sometimes even normal.

Dr. A. J. Scholl: I have a case in which I have thought of trying it and wish to ask if you would use it in uterine fibroma, where the patient is already thin.

Dr. Lindley: I should use it combined with protonuclein or thyronuclein to counteract that effect.

Dr. H. B. Ellis: There are several of the ductless glands we know very little about. Physiologists have shown lately that the removal of the thymus gland produces nerve degeneration. It is probable, therefore, that it would be useful in neurasthenia. I used the thyroids in a case of goitre; fed the patient on thyroids for three months—it was about the only meat she ate. Afterwards gave desiccated thyroids, but could see no improvement.

Dr. H. G. Brainerd: It seems a little strange to give thyroids in exophthalmic goitre where the symptoms are the same as those produced by the remedy, but the theory is that the thyroid is diseased and it should be restored to function by the use of the animal thyroid. In the case mentioned by Dr. Lasher, the patient grew worse under treatment—had taken thyroids raw, broiled and desiccated for four months, the neck measured 20½ inches, normal measurement 14½. Galvanism was then used twice a day, sometimes with a pole on each side of goitre, again with negative electrode moistened with iodine solution on the goitre and the positive indifferently applied. In a month the neck was reduced to 14½ inches, and now three months later you would not know she had had goitre except for very slight enlargement on right side.

Dr. Lindley: In goitre results are conflicting. I have a clipping here I did not read from H. C. Wood in which he says simple goitres will be absorbed, but in exophthalmic goitre it will do harm.

Dr. Cole asked if Dr. Wood gave any reason for its being contraindicated. Dr. Lindley replied that he did not.

Under Verbal Communications, Dr. M. L. Moore reported the following case: A lady, a masseur, had given a treatment one evening, about two weeks ago, and on her return home took a cold bath. She was taken during the night with pain in lower abdomen, and the next morning began to menstruate, it being her regular period. I saw her at 2 P. M. of the same day; the temperature was normal, pulse 90, the abdomen not swollen but tender, pain continuous, no vomiting. Considered it a case of congestive dysmenorrhea. Gave one-fourth grain morphin hypodermically, ordered hot applications, rest, etc. Left one-fourth grain morphin to be given if needed and told them to telephone me later in the afternoon. They reported that she was resting comfortably. She had an uneventful night, but the next morning had some pain and at 11 A. M. her husband gave her one-eighth grain morphin hypodermically; at noon she vomited for the first time. At 1 P. M. she was sitting up in bed, her husband gave her a little warm milk, when she suddenly sank back dead.

Post-mortem—About three feet of small intestine were found strangulated by an adhesion of the fimbriated extremity of the right fallopian tube to the jejunum. The intestines were coiled under the tube and strangulated against the bodies of the lumbar vertebra. Attached to the end of the tube was a small ruptured sac, lined by a layer of clot, and evidently the origin of some free blood found in the abdomen—about a half teacupful. It was thought by some present that this was an apoplectic ovary; but it was not situated in the broad ligament. No well defined ovarian tissue could be found on that side. It was afterwards learned from the husband that she occasionally complained of a dragging pain in the right side, and the post-mortem demonstrated that the adhesion was an old one. No examination was made of the cranial or thoracic cavities.

Dr. E. R. Smith: It seems to me the cause of death is not explained by the condition—it could not be due to a strangulation which had lasted only twenty-four hours.

Dr. W. H. Fales: Was it not an air embolism?

Dr. Lasher: I don't know what caused death unless toxins developed in the strangulated intestine.

Dr. Brainerd: Death sometimes occurs soon after strangulation. I remember a patient with sarcoma, who one day had an attack of intense pain; he died in less than 24 hours and the autopsy showed the strangulation of a knuckle of intestine.

Dr. Scholl: Might it not have been from shock? I knew of a case of hernia of 40 years' standing in which there was strangulation of about eight feet of intestine, the patient dying in eight hours from shock.

Dr. Miller: It seems to me quite possible that death resulted from strangulation of intestine. A case of traumatism of abdomen was reported to this society some time ago, where morphin was given and the patient died soon after. The morphin masked the symptoms. Perhaps such cases should teach us to use other anodynes more frequently instead of morphin.

Dr. Moore: I reported this case to impress the importance of examining such cases very carefully, as pain in the abdomen may mean a great deal. Had I made a second visit I would probably have detected a difference, but at my first, there was no indication whatever for doing abdominal section.

(Regular meeting, Nov. 20, the Vice President, Dr. E. A. Praeger, in the chair.)

Dr. R. W. Miller, Chairman of Committee on Contract Practice, recommended

that the Secretary state on the postal cards for the next meeting that the committee's report would be presented for action, and a full attendance was desired. Carried.

Dr. Wm. Dodge, Chairman of the Committee on Rooms, reported that the Southern California Music Company's hall had been secured for our regular meeting. Adopted.

Dr. F. D. Bullard, Chairman of Committee on Resolutions of Respect to the Memory of Dr. T. Edward Post, reported as follows:

WHEREAS, The Los Angeles County Medical Association has lost a worthy member in the death of Dr. T. Edward Post, who was actively engaged in the practice of medicine in the prime of life, and

WHEREAS, Dr. Post was held in high regard by his professional brethren, and on account of kind and genial ways was enthusiastically admired by his patients, be it

Resolved, That in token of our sincere respect for the professional standing and personal worth of Dr. Post, we tender his mother our heartfelt condolence and sympathy, and these resolutions be placed upon the records of the association.

F. D. BULLARD.

GEO. L. COLE.

E. R. SMITH.

Dr. Carl Schwalbe read a paper on "The use of leeches for subcutaneous injection for transfusion of blood." (Abstract will appear later.)

ROSE TALBOTT BULLARD, Secretary.

ASSOCIATED PHYSICIANS AND SURGEONS OF SANTA CLARA VALLEY.

SAN JOSE, CAL., November 18, 1896.

DEAR SIR—We ask you to give publicity to this letter and accompanying resolutions, to the end that in all communities afflicted with the pestiferous practice of lodge doctoring, physicians may be encouraged to assert their independence through organization.

Here, in Santa Clara County, Cal., containing 70,000 population, all the physicians in the county, numbering 124, have entered the compact that has ridden us of a slavish evil, and wrought independence and freedom for the practitioners of medicine. Investigation shows that medical compensation for lodge work averages about 15 cents on the dollar.

Even respectable lodge physicians feel a sense of degradation in giving their services for 15 cents on the dollar, and the ever-increasing spread of these alleged charitable institutions is absolutely destructive to the business of other physicians.

The main incentive of the persons who band themselves together in lodges is to get cheap doctoring; they are willing to take but not to give. They belong to protective unions, and the same right should not be denied physicians. Ninety-nine per cent. of these people are able to pay reasonable fees to physicians, but will not do so as long as a few doctors in every community for the sake of immediate gain can be induced to stand as driven guys to the lodge politicians. No preacher or lawyer would give his services to these people for 15 cents on the dollar. No grocery store or merchandise firm would contract to supply these lodges with goods at 15 cents on the dollar of actual worth.

The remedy indicated in the subjoined resolutions is simple, and manifestly efficacious, depending upon the personal honor and free will of those concerned. Where one doctor temporarily profits by contract work the business and ethical

rights of fifty others are violated; hence an overwhelming *esprit de corps* is created among physicians which will sustain a strict observance of the pledge.

LINCOLN COTHRAN, M.D., Secretary.

RESOLUTIONS ADOPTED BY THE PHYSICIANS OF SANTA CLARA COUNTY.

WHEREAS, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Santa Clara county, California, enter into the following agreement:

First—We mutually, jointly, and individually, pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

Second—We will not render medical or surgical services to the members of the above mentioned bodies for less compensation than we charge the general public for similar services.

Third—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above mentioned bodies.

Fourth—These pledges shall take effect and be in force for a term of three (3) years from and after May 22, 1896.

This agreement shall not apply to hospitals and purely public charitable institutions.

We publish extracts from a private letter because we know Dr. Johnson's friends will be glad to hear from him.

EFULEN STATION, KAMERUNS, WEST AFRICA, September 3, '96.

H. BERT ELLIS, M. D.

DEAR DOCTOR: * * * I have been getting the PRACTITIONER regularly and you can hardly know how good it is to get it here. * * * I would like to write you something of interest but am not yet well enough informed. I see some few interesting diseases, but am not well enough acquainted with them to describe them fully.

I will tell you very briefly a few things about this place. It is about three degrees north of the equator, and between the 10th and 11th degrees east longitude, about 60 miles from the coast. We live on a hill 150 feet above the surrounding valley and are 1650 ft. above the sea. This entire coast belt as far back as we know it (about 150 miles) consists of forest-covered hills and mountains.

The natives all live in villages down in the valleys, which are well supplied with good water. They never dig for water or anything else save food or a grave.

We have four seasons here, two wet and two dry. We have completed a year's record of temperature with a good self-registering thermometer. Perhaps a little summary of it would be of interest to you. It is a very general error to think that it is very hot at the equator.

Average daily for month of:

January 76.9	May 76.8	September 74.1
February 76.5	June 77.3	October 75.3
March 73.8	July 72.5	November 75.8
April 77.7	August 71.5	December 73.9

Average for year 75.2.

Maximum " " 88.

Minimum " " 66.

I wear woollens the year around and always sleep under a heavy blanket. The natives sleep on pole beds about eight inches from the ground, and have fires built close to them. They generally sleep perfectly nude. During the rainy season they frequently shiver if out in the wet.

Their diet is principally cassava roots, sweet potatoes, plantains, bananas, etc., but they are the most gluttonous meat eaters I have ever seen. They get a good deal of game, and have sheep and goats, but they are always "crazy" for meat, and the fatter the better. This is not according to some theories taught I believe.

We have malaria here, but I have not seen a native die from it, nor in fact get very sick with it. I have seen many of them have a single paroxysm but they seldom have more than one. Americans do not fare so well, although at this station we have been quite well. I hope to write you something about the fever at some future time. I wish some one who can would tell me the best treatment for the ulcers which come on the feet and legs of the natives. They destroy the tissues with remarkable rapidity and are very hard to control.

I saw another "eye worm" today and was almost tempted to try and get it out, but did not. This is the second one I have seen. One was in the eye of one of my fellow missionaries; the one today in the eye of a native man about 40 years of age. They are about an inch long, of the diameter of an ordinary sewing needle, the color of "pin worms" and are in constant motion. The eyes were inflamed but not badly. It seemed to be just under the conjunctiva, wriggling about between the coat and the sclerotic. I believe I could have caught the one I saw today with a pair of suitable forceps, but perhaps if I had have used cocaine it would have gone to the back of the ball and out of sight. Can you tell me what to do for them? It has been about a year since I saw the one in the missionary's eye, and he has not heard from it any more. What are they? What is their origin, etc.?

I am treating a bad case of dysentery with large doses of ipecac today.

Yours very truly, SILAS F. JOHNSON.

THE MODERN TREATMENT OF DIPHTHERIA IN PRIVATE PRACTICE.

BY W. A. WALKER, M.D., NEW YORK.

Given, then, a case where the diagnosis of diphtheria is clear, I give as quickly as possible either 1000 units or 1500 units of the serum. The attendant is instructed to keep the throat clean with a bichloride solution of 1 to 5000; or a solution of permanganate of potash may be used, 1 to 4000, if the attendant is not a trained nurse.

At the end of twenty-four hours I expect to find the membrane beginning to shrivel and curl up at the edges. In any event, however, I administer a second injection at this stage of the disease, and in a majority of instances this is sufficient. I advise very strongly that the second injection be given in all cases where the diagnosis of diphtheria is clear. I do not expect to cure from one injection, and rarely omit the second. If the symptoms do not indicate the beginning of convalescence at the end of forty-eight hours, I give a third injection. In fact, I would use a fourth injection if it seemed advisable at the end of another twenty-four hours, but I think this will rarely be found necessary.

The importance of a fresh, reliable, highly concentrated serum must not be lost sight of, and as I have full confidence in our American products I do not use imported serums. I have used several serums, but have been best satisfied with the effects of that sent out from the biological department of Parke, Davis & Co. I heartily approve of the way this firm now puts up the serum, in bulbs instead of in bottles. It is not only highly concentrated, but, being hermetically sealed, should keep indefinitely. It is put up in bulbs of 50 many units, 250, 500, 1000, 1500; and, each bulb being a dose, there is no temptation to use a serum that has been exposed to the atmosphere.

As to the medicinal treatment, I do not give any drug with the idea of influencing the course of the disease. I treat the conditions as they arise symptomatically.—*Pediatrics*.



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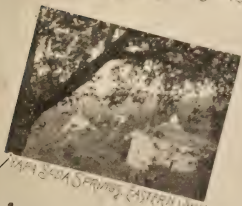
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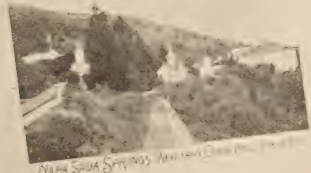
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243-246 Bradbury Block, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

FIVE WEEKS, OR FORTY.

A legal gentleman called at the office of his medical adviser with a look of perplexity on his usually placid countenance. Rather abruptly, he said: "You know, doctor, as do most of our friends, that wife and I have planned to spend a year abroad. A week ago we were annoyed by her failure to 'come round.' Until yesterday we had hoped the interruption might be due to the fatigue of preparation for our trip, and that the trouble would soon right itself. But for the last 24 hours she has had all of the pronounced symptoms experienced with each of her previous pregnancies at this date. So after talking it over we decided to have you come down at once, and straighten matters out for us."

"In what way?" said the doctor. "To prescribe something for the relief of her reflexes?"

"No. Her discomfort is no greater than usual, but we want the cause removed."

"Has it never occurred to you that the rude interruption of any physiological process involves more or less risk to the subject of it, and especially so of pregnancy?"

"Well, yes; if you refer to the popular knitting needle method. But as you see, we do not intend to proceed on that line."

"Nevertheless, the most careful treatment is not without danger."

"But the condition is only of five weeks' duration at most; and as we have absolute confidence in your skill, I am sure the risk will be practically nothing."

"I must insist that it would be wiser to refrain from interference and postpone your trip."

"But, doctor, you surely do not take into consideration the duration of such postponement. It must extend beyond the weaning of the babe, for my wife has a horror of bottles and wet nurses, and of fashionable healthy mothers who sacrifice their innocents by consigning them to either."

After a prolonged pause, the doctor said: "I think I can abbreviate the postponement somewhat; yet, in the interest of your wife's health, which of course is paramount to you, my plan must differ from yours. I suggest that for the present you drop your dates of travel. In answer to inquiries as to change of plans, assign family reasons. Take your wife on short jaunts frequently. Make every possible contribution to her normal physical condition. The remaining 35 weeks will speed faster than you think. When the time is up my skill shall be at your command. Immediately on delivery I shall pass the babe over to you, and before it shall utter a cry you may knock it in the head, and in three weeks may safely start on your journey across the sea."

Blanched with horror, with dilated pupils, wide open mouth and bated breath, the lawyer for a minute sat speechless. But soon recovering himself, with reactionary flush, contracted brow, compressed lips and clenched fists, he sprang to his feet and said: "Do you think I would be guilty of murder?"

The doctor who had been leisurely studying the queer mental processes of his visitor, said quietly in reply: "How about me?"

HOW ABOUT ME?

The stupendous increase of prenatal infant destruction in these later days is the more shocking because its perpetrators are found so largely among the reputable members of the profession. This statement, which excites our own protest as we write it, will doubtless excite yours as you read it; yet all of us believe it to be true.

Regardless of moral conviction the average man of good repute

among his fellows is slow to bring himself to a violation of authoritative statutes.

Whatever the nature of the act, the temptation leading up to its commission will, on ultimate analysis, usually be found to contain an unselfish interest in some one else.

Specious arguments in favor of repetitions, however, are self-formulating; until at last, no longer needed as an incentive to questionable conduct, unselfishness is overshadowed by the demands of personal aggrandizement, which now shrewdly evades or defies the law, once violated with regret. True there are many, who, like the man at once confronted by personal need and his neighbor's bacon, was deterred from aggression by the remembrance of the commandment, "Thou shalt not steal." Yet there are many more who only find deterred energy in a remembrance of the commandment, "Thou shalt be ketched."

The chief requisite for the abatement of any moral evil is the development of a moral conviction, a moral sense, a conscience on the subject.

This to be effective must be independent of human penalty. He who is no better than the law demands, is not only as bad as the law permits, but beneath the surface is invariably worse.

Perhaps the most serious difficulty in the way of a conscience on the subject of abortion is the sliding scale applied in the estimate of its seriousness.

Ecclesiastical teaching places it on the summit of transgressions against human welfare; the civil statute registers it near the bottom; while many brilliant and cultivated devotees of pleasure, fortified by sympathetic medical advisers number it among pardonable peccadillos.

Captain Gulliver had great difficulty in imparting to the Houyhnnms any conception of the meaning of the word opinion. That people of hard horse-sense insisted that a thing was either so, or it was not so.

There is no such thing as flexible truth. There is such a thing as a flexible interpretation of truth; and observation justifies the belief that in most instances this flexibility is controlled by inclination rather than by judgment. If a thing is either so or not so, likewise it must be either right or not right. Our opinion may not affect the fact, although it may influence our conduct. With finite capacity, and infinite credulity; with fallible judgment and misplaced sympathy; with distorted ideas of expediency and an increasing pressure of cruel avarice, *Facilis descensus Averni*. An occasional flash of the Hippocratic oath, and a Sinaitic reverberation of the sixth commandment

would help not a little to clear the mephitic vapors from below, and reveal to reputable semi-asphyxiated groppers a straight and narrow way to the upper respirable moral atmosphere.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The Southern California Medical Society will hold its eighteenth semi-annual meeting at the parlors of the Westminster Hotel, Dec. 2nd and 3rd. The programme is full and promises to be fully carried out. On account of its length, the meeting will be called to order on time. It is hoped that there will be a good attendance. Nothing has been of so great advantage to the professional good fellowship and educational advancement of the physicians of Southern California as these half-yearly meetings. The following programme will be presented:

WEDNESDAY, DECEMBER 2, 1896.

11 A. M. SHARP.

Call to order. Minutes. Report of Officers. Application for Membership. Appointment of Committees. Report of Committee of Arrangements. NECROLOGY—Dr. F. D. Bullard, Chairman.

2 P. M. SHARP.

OBSTETRICS—Dr. Frank Garcelon, Chn., Pomona. Paper. Dr. Idris B. Gregory, Ontario. "Abnormal Presentations." Dr. Geo. L. Cole, Los Angeles. "Treatment of Puerperal Eclampsia."

GYNECOLOGY—Dr. D. B. Van Slyck, Chn., Pasadena. "Relation of General Medicine and Surgery to Gynecology." Drs. F. L. & J. R. Haynes, Los Angeles. "The Removal of the Appendix Coli after Celiotomies for Other Purposes." Dr. Sherwood Dunn, Los Angeles. "Some Conservative Operations Upon the Ovary." Dr. F. A. Seymour, Los Angeles. "Enucleation of the Uterus."

7:30 P. M.

SURGERY—Dr. W. W. Hitchcock, Chn., Los Angeles. "Surgical Dressings, Drainage and Topography." Dr. J. E. Cowles, Los Angeles. "Report of Cases." Dr. F. T. Bicknell, Los Angeles. "Hysterectomy for Puerperal Sepsis."

SKIN AND VENEREAL DISEASES—Dr. A. Davidson, Chn., Los Angeles. "So-Called Spider Bites." Dr. Granville MacGowan, Los Angeles. "Report of a Case of Addison's Disease." Dr. Geo. E. Goodfellow, Los Angeles. "Prostectomy by Perineal Incision."

THURSDAY DECEMBER 3, 1896.

9 A. M.

NOSE AND THROAT—Dr. R. W. Miller, Chn., Los Angeles. "Mouth and Nose Breathing." Dr. W. D. Babcock, Los Angeles. "Intra-Bronchial Medication."

OPHTHALMOLOGY—Dr. A. L. Macleish, Chn., Los Angeles. "Granular Conjunctivitis." Dr. Geo. S. Hull, Pasadena. "Glaucoma." Dr. Fred. Baker, San Diego. "Irritative Retinitis."

NERVOUS DISEASES—Dr. C. L. Bard, Chn., Ventura. "Phantom Tumors." Dr. John W. Givens, Los Angeles. "Diagnosis of Insanity." Dr. C. C. Browning, Messina. "Notes on the Care of the Insane."

2 P. M.

THERAPEUTICS—Dr. C. D. Ball, Chn., Santa Ana. "Therapeutics." Dr. Hoell Tyler, Mentone. "Serum Therapy in Tuberculosis."

BACTERIOLOGY--Dr. Lula T. Ellis, Chn., Los Angeles. Paper.

PRACTICE OF MEDICINE--Dr. F. R. Burnham, Chn., San Diego. "Culture in Medicine." Dr. P. C. Remondino, San Diego. "Transfusion and Infusion in Practice." Dr. Carl Kurtz, Los Angeles. "Transfusion in Collapse." Dr. C. S. Stoddard, Santa Barbara. "Report of a Case."

PEDIATRICS--Dr. Louise M. Harvey, Chn., Los Angeles. "Tinea Tonsurans." Dr. E. R. Bradley, Los Angeles. "Report of Cases."

EDITORIAL NOTES.

DR. WM. CHINN, late of Iowa, has located at Murietta.

DR. D. L. BECKINGSALE, formerly of Covina, has located at Chino.

DR. T. J. MCCOY, who has been spending several weeks in New York, has returned home.

DR. T. J. DILLS, of Pomona, who has been very ill, is gaining strength at the Sierra Madre Sanitarium.

DR. E. A. PRAEGER, after an illness of two months from blood poisoning, is again attending to business.

DR. PAUL H. BRESEE was married to Miss Ada Glidden, of Pasadena, Oct. 20th. The PRACTITIONER extends its best wishes.

DR. H. S. GORDON, of Tombstone, Arizona, and Dr. J. H. Wroth, of Albuquerque, N. M., attended the Pan-American Medical Congress.

DR. GEO. LUND read an interesting paper on "Nasal Stenosis—Its Influence and Relations," at the last meeting of the Pasadena Medical Society.

DR. F. M. SEIBERT, of Chino, read a paper on "Treatment of Typhoid Fever," at the last meeting of the Pomona Valley Medical Society.

DR. J. B. COOK, who has been the physician for the Whittier State School for the past three years, has removed to Santa Ana for the practice of his profession.

DR. C. L. BARD, of Ventura, and Drs. W. Le Moyne Wills, W. W. Hitchcock, J. H. Davisson, J. W. Trueworthy and H. Bert Ellis, of this city, attended the Pan-American Medical Congress.

The second session of the Medical Society of the San Joaquin Valley was held in Fresno, Oct. 27th and 28th. An excellent program was carried out. The following officers were elected to serve during the ensuing term: President, Dr. L. E. Felton, of Hanford; Vice Presidents, Dr. W. N. Sherman, of Merced; Dr. T. E. Taggart, of Bakersfield, and Dr. W. R. Charles, of Lemoore; Secretary, Dr. E. C. Dunn, of Fresno; Treasurer, Dr. W. T. Maupin, of Fresno.

DR. ALEXANDER M. TUTHILL has joined the "Benedicts." His initiation to that order occurred on Nov. 16th. He married Miss May Heimann, daughter of Mr. and Mrs. Richard J. Heimann, of South Pearl street.

PHYSICIANS should remember to report typhoid fever. Dr. Rebecca Lee Dorsey lost five dollars acquiring that information. For the benefit of others we quote the ordinance:

"Every physician or other person shall immediately report in writing to the health officer of said city the name and location of any patient he or she may have within the limits of the city of Los Angeles affected with Asiatic cholera, smallpox, typhus, yellow fever, diphtheria, scarlet fever, typhoid fever, glanders, leprosy, or any other infectious or contagious disease.

THE Santa Barbara County Medical Society met recently and elected the following officers for the ensuing year: Dr. Charles Anderson, President; Dr. R. J. Hall, First Vice President; Dr. S. P. B. Knox, Second Vice President; Dr. C. B. Bates, Treasurer, and D. Robert MacKinley, Secretary. The Board of Censors consists of Drs. McNulty, Hall, Otto, Knox and Vaughn. The Secretary was instructed by resolution to proceed against all itinerary and advertising quacks not possessing legal licenses who may visit this city.

A FEW items from the Biennial Report of the Medical Work of the W. F. M. S. of the M. E. Church at Chinkiang, China, will interest our readers on account of its being the field of work of Dr. Gertrude Taft, (Med. Dept., U. S. C., 1893). An addition has been built to their hospital. The number of patients seen at first visits was 2,513; patients returned, 3,096; in hospital, 138; out visits, 105; in difficult labor, 16; total, 5,868. The expenses of the work for the two years, including drugs, assistants and all other expenses were \$969.90 (Mexican). Dr. Taft is associated with Dr. Lucy H. Hoag.

THE American Association of Obstetricians and Gynecologists at its ninth annual meeting held at Richmond, Va., elected the following named officers for the ensuing year: President, James F. W. Ross, M.D., Toronto; Vice Presidents, George Ben Johnston, M.D., Richmond, and John C. Sexton, M.D., Rushville, Ind.; Secretary, William Warren Potter, M.D., Buffalo; Treasurer, Xavier O. Werder, M.D., Pittsburgh. Executive Council: Charles A. L. Reed, M.D., Cincinnati; Lewis S. McMurtry, M.D., Louisville; A. Vander Veer, M.D., Albany; J. Henry Carstens, M.D., Detroit, and William E. B. Davis, M.D., Birmingham. The next annual meeting was appointed to be held at Niagara Falls, N. Y., August 17, 18, 19 and 20, 1897.

BOOK REVIEWS.

THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By A. D. Rockwell, A.M., M.D., Formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital, Fellow of the New York Academy of Medicine, etc., Illustrated with Two Hundred Engravings. New Edition. New York: Wm. Wood and Company. 1896. \$4.50.

This book is practically the ninth edition of Beard and Rockwell's text book which was issued last in 1892. It has been rewritten, condensed and brought down to date, even including the surgical application of X-ray photography. There are over 600 pages in the book, and considering the character of the work, the price is very reasonable. The book is divided into four parts: Electricity in physics, physiology, therapeutics and surgery. It is necessary, especially in that branch of medicine which on account of the mysterious nature of the agent employed, to be very careful in its application. Therefore, Rockwell insists strongly of the necessity of treating pathologic conditions rather than symptoms, of searching out the origin rather than the manifestation of disease. Many of the failures previously reported, he holds to be due to this confounding of effect with cause. (P. 184). He also believes in measured dosage. Indeed it is the routine and mechanical application of this powerful agent by physicians as well as its indiscriminate use for every disease by charlatans that has brought this therapeutic agent into disrepute. The diseases, the idiosyncrasies of the patient especially as to extremes of tolerance and susceptibility, the indications for galvanism, faradism or static electricity are discussed at length.

THE MEDICAL RECORD VISITING LIST OR PHYSICIAN'S DIARY FOR 1897. New Revised Edition. New York: Wm. Wood & Co., Medical Publishers.

It contains calendar tables for estimating pregnancy, approximate equivalents in temperature, weight and measure, maximum doses (revised in both apothecary and metric systems), drops to the drachm, solutions for injection, for inhalation, emergencies, etc.

The visiting list is arranged for dates on one page, and place for charge page in ledger and special memoranda on the opposite. It is arranged for 30 patients to the week, or in duplicate pages for 60 patients. Especial pages are devoted to consultation practice, obstetric engagements, vaccinations, deaths, addresses and cash account. This visiting list has been the reviewer's favorite for several years. It is complete, compact and simple.

ANATOMICAL ATLAS OF OBSTETRIC DIAGNOSIS AND TREATMENT.

By Oscar Schaeffer, M.D., with 145 Illustrations. New York: William Wood and Company. 1896.

This is the fourth number of Wood's Medical Hand Atlases, and from the nature of the subject matter will be the most widely appreciated. There is no branch of medicine that can be better and more clearly demonstrated by well selected plates than obstetrics. Every figure has its description printed on the opposite page, where reference is made to the sections which bear on the illustration. The numbering on the figures, especially on sections of the pelvis, are uniform. The book is divided into nine parts:

- I. The Normal Anatomy of the Sexual Organs During Pregnancy.
- II. Pelvic Deformities and Their Influence Upon Pregnancy and Labor.
- III. Displacements, Tumors, and Anomalies of Development of the Sexual Apparatus and their Influence Upon Pregnancy and Labor.
- IV. Rupture of the Uterus and Cervix.
- V. Abnormal Implantation of the Ovum, Extra-uterine Pregnancy and Placenta Previa.

VI. Anatomy and Etiology of the Premature Expulsion of the Ovary.

VII. Abnormal Presentations and Positions, Abnormal States of the Funis and Membranes.

VII. Disturbances of Labor Caused by Abnormal Uterine Contractions, and by General Diseases of the Mother.

IX. General Observations on Obstetric Therapeutics.

This atlas is pre-eminently practical, avoiding theories and formulating established doctrines, in terse diction, and at times in tabular and parallel form. The measurements are in the metric system, as being more exact and general throughout all scientific treatises, but the reviewer still clings to good old English inches and fractions.

THE PHYSICIAN'S VISITING LIST (Lindsay and Blakistons for 1897.)

Forty-sixth Year of Its Publication. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. Sold by all booksellers and druggists. \$1 for 25 patients per week; \$1.25 for 50; \$2 for 50 patients in two volumes.

This concise list has calendar, table of metric and apothecary measures, dose table, thermometers, gestation, directions for asphyxia, apnea, etc. On one page are days and dates, on the opposite, amount, ledger page, and special memoranda. After these come blank leaves for memoranda, addresses, both of patients and nurses, accounts asked for, obstetrics, vaccination; record of births, deaths; cash account, etc. No visiting list has been used to such an extent or for so long a time as this. There are none better suited to the work of the general physician, and keeping easily and systematically his business accounts and memoranda.

AN AMERICAN TEXT BOOK OF PHYSIOLOGY. By Henry P. Bowditch, M.D.; John G. Curtis, M.D.; Henry H. Donaldson, P.H.D.; W. H. Howell, Ph.D., M.D.; Frederick S. Lee, Ph.D.; Warren P. Lombard, M.D.; Graham Lusk Ph.D.; W. T. Porter, M.D.; Edward T. Richert, M.D., and Henry Sewell, Ph.D., M.D. Edited by Wm. H. Howell, Ph.D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Fully Illustrated. Philadelphia: W. B. Saunders, 925 Walnut street. 1896. \$7, cloth; \$3 sheep or 1/2 morocco; \$9, 1/2 Russian.

This book is an innovation in medical literature in that the combined discussion by several authors is employed rather than a treatise by a single writer. We firmly believe it will meet with the approval of the profession, especially since the collaborators come from Harvard, Yale, Columbia, Johns Hopkins and the Universities of Chicago, Michigan, Pennsylvania and Denver. The subject of Physiology is so wide that a division of labor cannot fail to redound to the benefit of the profession at large. The work abounds in references to authorities and to current literature, and is much more modern and comprehensive than the classic text-books in use in the usual medical college. Indeed the instructor in the local medical school is so pleased with it that he has already recommended it as the text-book for his students. The difference between this and the classic books can be observed from the fact that instead of a few pages on chemistry as an addenda to the main body of the work, there is a concise, lucid, yet fairly full discussion, covering eighty pages, notwithstanding there is also nearly one hundred pages devoted to the chemistry of digestion and nutrition. The despised and neglected chemist has come to be of great importance in all branches of medical science.

It is upon such topics as internal secretion that this work shows the special advantages of this method of instruction, but inasmuch as the knowledge of the nature and importance of the secretions is in a formative stage and the literature on the subject very great, but a mere outline of this advance wave of investigation can be given. Indeed, it is quite probable that there is no such

thing as a useless or functionless organ in the human or any other being. The latest results as to the use in the economy of the adrenals, thyroids, and the internal secretion of the testes, kidneys, pancreas, spleen, and liver are given, so that the student shall not be kept in ignorance of modern thought.

Again, by dividing the work among several authors, there is broader discussions of the subject, and no danger of riding "hobbies," for each writer must present the best resume of his branch that he can. One physiologist may be an expert in the study of embryology, and another a fine neurologist, yet were either to write a text-book, it would be one-sided. The book is not so systemic as many, it presupposes a simultaneous study under other instructors, in histology and anatomy, and it makes use of the knowledge thus obtained. It is not so encyclopedic as Landois and Stirling, which can stand by itself, but it is a physiology which applies its facts from all sciences to the elucidation of the question as to the functions of the human organism. It is broad, it is judicious, and as comprehensive as time would allow for the general medical student.

It is a work that the practitioner should welcome. Too often the graduate never advances from his early training in physiology, being led to believe that he long ago learned the final ultimatum in that branch. Such a book as this would open his eyes to the fact that we really advance, only as we know nature. Physiology is the most interesting study of all sciences, it is the answer, not yet fully revealed, to the Greek command "know thyself." Its many references will make the work especially valuable to those practitioners who wish to keep themselves in touch with modern physiology. The series of American text-books by Saunders is of the highest order, and this number, though old in subject, is new in methods and well worthy of wide patronage.

A MANUAL OF PHARMACOLOGY AND THERAPEUTICS. By William Murrell, M.D., F.R.C.P., Physician and Lecturer on Pharmacology and Therapeutics, at the Westminster Hospital, etc. Revised by Frederick A. Castle, M.D., Member of the Committee for Revision and Publication of Pharmacopoeia of the United States of America, etc 1896. New York: Wm. Wood & Co.

This book is very readable, and by no means devoid of humor, as the following quotations: "Faith cures have no mind, whilst mind cures have no faith." Speaking of the shaking cure by means of a vibrating chair for paralysis agitans, he says: "It is not adopted for patients with stone in the bladder." Of Kneipp's cure, he says: "The Kneippists abjure shoes and stockings, and work about in the long wet grass with bare feet and as little clothing as is compatible with decency." Of the hunger cure he remarks: "You go to any fashionable hotel furnished with electric light and an elevator, and dine at the *table d'hôte*. It is largely practiced at English seaside resorts during the season. It is expensive, but is an infallible cure in the case of the man who is always complaining that he has no appetite."

The introduction covers a large number of interesting and important topics, presented in a pleasing style, and with addenda appropriate to American readers by Dr. Castle. While treating of the more important additions to pharmacy, it does not include the fanciful and improved drugs, and this comes within the grasp of medical students, for whom the work was originally written as a course of lectures.

THE NURSING WORLD BEDSIDE RECORD, FOR USE OF PHYSICIANS AND TRAINED NURSES. Designed by the editor of the Nursing World, Providence, R. I. Supplied by John Carle & Sons, Wholesale Druggists, 153 Water street, New York, N. Y., U. S. A.

The book is a fine piece of typographical art, printed in two colors with a day and night record to last through a six weeks case of illness. This record contains

date, day of disease, nurse's name and with ruled columns for time, pulse, respiration, temperature, two lines for nourishment and medicine, and two lines for each entry for notes on action of heart, condition of mind, pain, chill, sweating, vomiting, condition of wound, bathing, etc., four spaces for defecation, time and character, urine, quantity, color, reaction, specific gravity, albumen, sugar, and sediment. At the left hand corner is the dial of a clock, the outside rings of which are printed in blue and the inside red. This is for recording the hours of sleep, the space between the outer blue lines being shaded in with a lead pencil or pen for recording sleep during the day time and that between the two inner red lines for recording that at night.

On the second page is a blank for recording the necessary data with reference to the case itself, while page three shows the sample of night record filled out as a guide to its use. Page four is devoted to previous history or date of entry, while the following 42 pages are devoted to the record above alluded to. Then comes three pages of temperature charts, followed by six pages for record of prescriptions, etc. Then we have two devoted to miscellaneous memoranda and two to subsequent history of the case. It is neat, complete and *free* on application.

The Journal of Nervous and Mental Disease.—The management announces the following arrangement of the staff for 1897: Editors: Drs. Chas. L. Dana, F. X. Dercum, Philip Coombs Knapp, Chas. K. Mills, Jas. J. Putnam, B. Sachs, M. Allen Starr. Associate Editors: Drs. Philip Meirowitz, Wm. G. Spiller. Managing Editor: Dr. Chas. Henry Brown, 25 West Forty-fifth street, New York. To whom address all editorial and business communications.

THE editors of *Mathews' Medical Quarterly* announce that with the January issue of that publication its name will be changed to *Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases*. This is a change which has been deemed necessary for some time, as it is essential that the title of a medical journal should convey to the reader an idea of its contents, and this has not been the case with its name from the beginning. There will be no change in the policy of the journal in the least. As it will continue to be the only English publication devoted to diseases and surgery of the rectum and gastro-intestinal tract, the articles which will appear in it will be limited to these subjects. The journal will continue to be edited by Drs. J. M. Mathews and Henry E. Tuley, and published in Louisville, Ky.

A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING GONORRHOEA TREATED BY ANTIKAMNIA.

The concluding remarks from an article, by G. S. Leggatt, (*Lancet*, London) are interesting.

"Remarks -1. This is a rare complication of gonorrhoea, and is not mentioned in any of the books; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked.

2. "Antikamnia is a remedy said to possess anagelsic, antipyretic, anodyne properties. Its dose is three to ten grains, but I gave larger ones; but the symptoms were extremely urgent, and there was no depression. During its exhibition the pulse improved in force, and reduced the temperature to normal.

3. "It is difficult to know how the symptoms could be accounted for on any other supposition than involvement of the fibrous textures of the spine and cranium. That the disease did not permanently attack the membranes is probably due to the prompt administration of the antikamnia and salicylate which seemed to me to prevent the optic neuritis and other more serious consequences."

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of October, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Max.	Min.	Mean		
1	78	52	65	0	MONTHLY RANGE OF BAROMETER: Mean Atmospheric Pressure, 29.92. Highest pressure, 30.12, date 29. Lowest pressure, 29.71 date 27. Mean Temperature, 65°.
2	77	53	65	0	
3	80	54	67	0	
4	80	52	66	0	
5	82	52	67	0	Highest temperature 90°, date 16.
6	78	53	66	0	Lowest temperature 47°, date 28.
7	85	50	68	0	Greatest daily range of temperature 35°, date 7.
8	78	50	64	0	Least daily range of temperature 8°, date 25.
9	80	53	66	0	MEAN TEMPERATURE FOR THIS MONTH IN
10	75	50	62	0	1876 62° 1890 68°
11	72	57	64	0	1877 63° 1884 63° 1891 66°
12	75	54	64	0	1878 65° 1885 66° 1892 64°
13	80	54	67	0	1879 66° 1886 66° 1893 63°
14	83	49	66	0	1880 63° 1887 66° 1894 66°
15	86	58	72	0	1881 61° 1888 66° 1895 66°
16	60	61	76	0	1882 63° 1889 66° 1896 65°
17	84	58	71	0	Mean temperature for this month for 20 years, 64°
18	80	55	68	0	Average excess of daily mean temp. during month, 1°
19	79	56	68	0	Accumulated excess of daily mean temp. since Jan. 1, 176°
20	80	53	66	0	Average daily excess since January 1, 1°
21	72	50	64	0	Prevailing direction of wind, West.
22	73	58	66	.01	Total movement of wind, 2724 miles.
23	74	57	66	0	Maximum velocity of wind, direction, and date, 24m, W. 27.
24	67	54	60	0	Total Precipitation, 1.30 inches.
25	69	61	65	0	Number of days on which .01 inch or more of precipitation fell, 3.
26	69	50	60	0	Mean Dew Point, 53°
27	63	54	58	1.27	Mean Relative Humidity, 77 per cent.
28	70	47	58	.02	TOTAL PRECIPITATION FOR THIS MONTH IN
29	74	51	62	0	1879 ..... .93 1885 ..... .30 1891 ..... .00
30	75	51	63	0	1880 ..... .14 1886 ..... .02 1892 ..... .33
31	77	54	66	0	1881 ..... .82 1887 ..... .17 1893 ..... .75
Mean	77	54	65	0	1882 ..... .05 1888 ..... .40 1894 ..... .02
					1883 1.42 1889 6.96 1895 ..... .24
					1884 ..... .39 1890 ..... .03 1896 1.30
					Average precip'n for this month for 20 years, .77.
					Total excess in precipitation during month, .50 inches.
					Accumulated deficiency in precip'n since Jan. 1, 4.03 inches.
					Number of clear days, 15.
					" partly cloudy days, 14.
					" cloudy days, 2.
					Dates of Frost, Light, 29th; Heavy, none; Killing, none.

NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., OCTOBER, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	65.	90.	47.	29.92	77.	3	1.30	15	14	2	W	2,724
San Diego	64.	79.	52.	29.95	81.	4	.97	22	1	9	N W	3,175
Santa Barbara	63.3	82.	48.	...	75.	1	.02	20	6	5	W	2,660
Yuma	70.	102	48.	29.83	53.	3	1.10	22	8	1	N E	3,293
Arlington Heights	68.	98	44.	...	...	...	1.52	28	1	2	W	...
Ontario	67.	96.	45.	...	...	...	2.10	...	...	...	W	...
Pasadena	67	90.	42.	...	...	...	1.74	...	...	...	W	...
Redlands	60.	98.	40.	...	...	...	1.88	...	...	...	W	...
San Bernardino	65.	82.	49	...	...	...	2.10	21	8	2	W	...
Santa Ana	65	88.	50.	...	...	...	1.38	...	...	...	W	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEASED.

Estimated Population, 100,000

October, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,684.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....	110	13.20	63	47	19	0	50	35	103	2	5	
Deaths under 5 years.....	21	1.68	8	6	4	3	5	2	12	1	1	
i. Specific infectious diseases.....	14	2.16	5	13	6	1	7	4	18	1	1	
ii. Diseases of the digestive system.....	36	4.32	20	10	4	...	17	15	31	1	4	
iii. Diseases of the respiratory system.....	...	...	3	2	...	...	1	1	5	...	...
iv. Diseases of the nervous system.....	5	.60	3	2	...	...	...	...	...	...	...
v. Diseases of the circulatory system, blood and ductless glands.....	11	1.32	7	4	1	...	2	5	11	...	...
vi. Diseases of the genito-urinary organs.....	9	1.08	5	4	...	1	3	5	9	...	...
vii. Constitutional diseases.....	3	.30	1	2	1	...	2	3	3	...	...
ix. Intoxication, violence, accidents.....	6	.72	5	1	...	...	3	6	6	...	...
ix. Miscellaneous diseases.....	8	.96	3	5	...	1	7	6	6	...	...
i. Septicæmia.....	1	.12	...	1	...	1	...	...	1	...	...
Pyæmia.....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria.....	...	...	...	...	...	...	...	...	...	...	...
Erysipelas.....	...	...	...	...	...	...	...	...	...	...	...
Typhoid fever.....	4	.48	3	1	...	...	2	2	3	...	1
Malarial fever.....	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever.....	...	...	...	...	...	...	...	...	...	...	...
Measles.....	...	...	...	...	...	...	...	...	...	...	...
Pertussis.....	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis.....	6	.72	3	3	4	1	1	...	5	1	...	
Tubercular Meningitis.....	1	.12	...	1	...	1	...	...	1	...	...
Tuberculosis (not pulmonary).....	...	...	...	...	...	...	...	...	...	...	...
Influenza.....	...	...	...	...	...	...	...	...	...	...	...
Dysentery.....	1	.12	1	...	...	...	1	...	1	...	...
Syphilis.....	...	...	...	...	...	...	...	...	...	...	...
Tetanus.....	1	.12	1	...	...	...	1	...	1	...	...
ii. Cholera Nostras.....	...	...	...	...	...	...	...	...	...	...	...
Gastritis.....	1	.12	...	1	...	...	1	...	1	...	...
Gastro-Enteritis.....	3	.36	2	1	2	...	1	...	3	...	...
Cholera infantum.....	3	.36	1	2	2	...	1	1	3	...	...
Peritonitis.....	3	.36	1	2	1	...	1	1	3	...	...
Enterocolitis.....	1	.12	1	...	1	...	...	...	1	...	...
Appendicitis.....	...	...	...	...	...	...	...	...	...	...	...
Volvulus.....	1	.12	...	1	...	...	1	...	1	...	...
Intestinal obstruction.....	3	.36	...	3	...	1	1	1	3	...	...
Diseases of the liver.....	3	.36	...	3	...	...	3	...	3	...	...
iii. Asthma.....	...	...	...	...	...	...	...	...	...	...	...
Broncho-pneumonitis.....	2	.24	...	2	...	1	1	2	...	...	...
Pneumonitis.....	3	.36	2	1	2	...	1	...	2	1	...	
Laryngitis.....	1	.12	1	...	1	...	...	...	1	...	...
Consumption.....	30	3.60	23	7	1	15	14	20	...	...	1
iv. Diseases of the brain.....	5	.60	3	2	...	...	4	1	5	...	...
Diseases of the spinal cord.....	...	...	...	...	...	...	...	...	...	...	...
Locomotor Ataxia.....	...	...	...	...	...	...	...	...	...	...	...
Eclampsia.....	...	...	...	...	...	...	...	...	...	...	...
Epilepsy.....	...	...	...	...	...	...	...	...	...	...	...
Neurasthenia.....	...	...	...	...	...	...	...	...	...	...	...
v. Diseases of the heart.....	10	1.20	7	3	1	...	2	1	10	...	...
Degeneration of the arteries.....	1	.12	...	1	...	...	...	1	1	...	...
Endocarditis.....	...	...	...	...	...	...	...	...	...	...	...
Pericarditis.....	...	...	...	...	...	...	...	...	...	...	...
Pernicious Anæmia.....	...	...	...	...	...	...	...	...	...	...	...
vi. Uraemia.....	1	.12	...	1	...	...	...	1	1	...	...
Prostatitis.....	...	...	...	...	...	...	...	...	...	...	...
Chronic Bright's disease.....	2	.24	1	1	...	...	1	1	2	...	...
Nephritis.....	6	.72	4	2	...	1	2	3	6	...	...
vii. Rheumatism.....	...	...	...	...	...	...	...	...	...	...	...
Gout.....	...	...	...	...	...	...	...	...	...	...	...
Diabetes.....	...	...	...	...	...	...	...	...	...	...	...
Inanition.....	1	.12	...	1	1	...	...	...	1	...	...
Senility and Asthenia.....	2	.24	1	1	...	...	2	...	2	...	...
viii. Alcoholism.....	1	.12	1	...	...	...	...	1	1	...	...
Opium habit.....	...	...	...	...	...	...	...	...	...	...	...
Suicides.....	4	.48	3	1	...	...	2	2	1	...	...
Violence and accidents.....	1	.12	1	...	...	...	1	1	1	...	...
ix. Tumors—malignant.....	5	.60	2	3	...	...	5	...	5	...	...
Tumors—non-malignant.....	...	...	...	...	...	...	...	...	...	...	...
Other diseases.....	3	.36	1	2	...	1	2	...	3	...	...

F. W. STEDDEN, M. D., Health Officer.

OUR ADVERTISERS.

CHRONIC GASTRITIS OF LONG STANDING, WITH PERIODIC ATTACKS OF MIGRAINE.

REPORT OF A CASE.

BY GEO. A. CURRIDEN, M.D., OF CHAMBERSBURG, PA.

Mrs. A., age 55, since early womanhood has been subject to periodic attacks of migraine at intervals of two, three or four weeks, but seldom free from them for intervals.

An attack comes on by general malaise of usually a day's duration, repugnance of food or drink, marked drowsiness, much depression with request for rest and quiet, followed by complete physical prostration, dull frontal headache, which the least noise or disturbance makes the more intense, invariably accompanied by violent and frequent attacks of vomiting and retching, inability to retain any food or nourishment of any kind, retention of bowels, often cold sweats, pulse somewhat slow and weak and small in volume. During the whole period of usually four or five days' duration, she is unable to take nourishment of any kind, remains constantly in bed, and desires only complete rest and quiet.

The previous treatment has been so varied and on so many different plans, that I refrain from mentioning them. Two years ago I was able to prevent an attack for over two months by the use of strychnine in 1-20 grain doses t. i. d. with careful diet and artificial digestive.

In May, 1895, I put her on Charles Marchand's "glycozone" in teaspoonful doses well diluted t. i. d., using this as all other previous remedies experimentally; she commenced to improve much in general health, an unusually good appetite, without the previous distressing symptoms following, a more regular movement of the bowels, freedom from headache, and in every way a decided improvement; this improvement and enjoyment of good health lasted during continuation of above treatment for over three months. Unknown to me she stopped taking the glycozone, thinking herself perfectly well. In a few weeks had a return attack, milder and devoid of gastric distress. A similar attack two months later, both of which occurred some weeks after stopping the above described treatment, and I might say caused by imprudence in diet.

The conclusion come to in this case is that the headache is sympathetic, that the stomach becomes acutely inflamed by its inability to naturally and properly perform its functions, and responds to the call of nature to unload itself, and thus secure for a time rest, that the use of glycozone has corrected the existing gastritis and by so doing has removed the primary cause of these many years of suffering.—Published by the *Medical Summary of Philadelphia, Pa., for March, 1896.*

CODLIVER OIL IN PHTHISIS.

BY S. C. MARTIN, JR., M.D., ST. LOUIS, MO.

Under the influence of modern teachings many of the remedies which proved so beneficial in the hands of our ancestors have been retired to the catacombs. Fortunately, however, for both physician and patient, their resurrection has served to place them in a position which is practically unassailable. Witness in proof of this fact the use of saline or calomel purgatives in the infectious febrile diseases, and blood-letting in indicated cases.

The same situation confronts us in the use of codliver oil. The time has been when this therapeutic agent was considered only as an article of food, with

exceptional influence as a medicine, owing to the presence of iodine or phosphorus. In harmony with this view physicians sought more available and palatable article of food, and administered iodine and phosphorus in a more active manner.

Since the chemical investigations of Gautier, however, we have learned that codliver oil possesses more active and potent ingredients than those named and which are especially of advantage in tuberculous or allied states. Owing, however, to gustatory objections, American pharmacists have come to the rescue. The elimination of the greatest objection has served to increase its consumption and thereby made available a most important agent.

I have recently met with two cases in which the superior advantage of codliver oil was manifest. Looking around amongst the many excellent preparations in the market, I determined to select Hagee's Cordial of Codliver Oil, the following two cases will better interpret the indications and the results.

L. F., aged sixteen, an emaciated girl, a worker in a tobacco factory and of dissipated habits, suffered from frequent pulmonary hemorrhages. The tubercular habitus was prominent. After relief of active symptoms she was given a tablespoonful of Hagee's Cordial of Codliver Oil every three hours with excellent results.

O. J., a saloonkeeper of dissipated habits, was confined to his bed for a long period of time. The tubercular character of his condition necessitated active medication. Hagee's Cordial of Codliver Oil as in the foregoing case, and after a lengthy administration, a favorable result was achieved.

THE SPITTING NUISANCE.

Boards of Health in all parts of the country agree that consumption is an infectious and communicable disease, and is usually transmitted from the sick to the well, by means of the dried and pulverized sputum floating as dust in the air.

This being the case it can in a great measure be restricted by the use of proper disinfectants. Platt's Chlorides, one part to ten of water, frequently sprinkled about the room, and the same disinfectant, one part to four of water, in the cuspidor or vessel receiving the poisonous and offensive expectorations, is especially applicable, as it is a liquid without odor or color, and its frequent use is not attended with any annoying features.

THE HYPNOTIC EFFECT OF PELLOTINE.

Prof. F. Jolly reports his clinical tests with Pellotine muriate (the new hypnotic introduction by Dr. Heffter, of the Pharmacological Institute of Leipzig, and manufactured by C. F. Boehringer & Soehne, of Mannheim) in the *Therapeutische Monatshafte*, June, 1896. He employed Pellotine muriate, preferring this salt on account of its ready solubility in water; his experience covers 40 cases at the Charité Hospital of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of one-half grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after three-fifths to nine-tenths grain doses—causing several hours' sleep within one-half to one hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anesthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients, the above mentioned doses were insufficient; even two grain (0.12) doses did not produce sleep, but had a calming effect—lasting all day—on the patient. In 20 cases the drug was administered at

night as hypnotic, and three-fourths to one and one-fifth grain (0.05—0.08) doses were found to be equal in effect to fifteen grains of trional or twenty-two or thirty grains of chloral.

Of side-effects, except the inconsiderable slowing of pulse-rate, a few patients exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning. In several cases the hypnotic effect was not produced, but in these other hypnotics had also proved ineffectual. In no instance were serious side-effects noted.

DR. C. MORROSA, 1045 Mission street, San Francisco, Cal., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* (White) in one case of gonorrhoea. A lady had a discharge for months and had been treated with iodine crystals in water as an injection with no effect except to soil her clothing, I gave her a bottle of S. H. Kennedy's White *Pinus Canadensis* giving directions for use as injection internally, gave fluid ext. *prunus virg.* as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good, I have used them in some minor cases that I did not think worth while noting at the time, always with success.

NEURALGIA, HYSTERIA, ASTHMA, SPERMATORRHEA.

NEURALGIA.—The varieties of neuralgia are almost as numerous as the nerves of the body. Wherever there is a nerve there may be pain. In almost every form Neurosine will be found to give prompt relief, and if persevered with the interim of the attack the splendid effects of the bromide of zinc and *Cannabis Indica* as permanent nerve tonics and the other bromides as alteratives may be confidently expected.

HYSTERIA.—The manifestations of hysteria are so infinite in number that Tanner has well said: "Hysteria simulates almost every known disease." It so often exists without any pathological lesion and persists after cure of the lesion that the practitioner has no resource but the well known antispasmodics, anodynes, and nerve tonics, which should only be taken at his direction, and which alone in many cases intervenes to save the sufferer from the too common resort to opiates. Here Neurosine not only gives prompt relief but offers the best means of cure.

ASTHMA.—The bromides, belladonna and *Cannabis Indica* have been and still are the sheet anchors in this common and distressing malady. Trousseau and others after him were wont to push belladonna to the limit of toleration in asthma and thus he secured results equaled by no one of his time. A combination of these always efficient agents in Neurosine has in this disease given more satisfactory results than any other known remedy.

SPERMATORRHEA, SELF-ABUSE, NEUROSTHENICA, ETC.—The results in this class of cases, annoying alike to physician and patient, are well expressed by a physician eminent in his work, who says. "Your Neurosine has given me at least satisfactory results which will warrant me in a further use of it."

ENURESIS NOCTURNA.

Dr. A. B. Wilson, Buffalo, N. Y., writing, says: "This was a case of a girl 19 years of age suffering from irritable bladder, and who had wet the bed nightly from childhood. She was compelled to avoid company and the usual social life, on account of frequent micturition. One bottle of Sanmetto overcame the irritation to such a degree that for the first time in 15 years she passed a night without wetting the bed. She is still using the remedy in hopes of complete recovery."

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H. BERT. ELLIS, M.D., / EDITORS AND PROPRIETORS.
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ORIGINAL.

REMOVAL OF UTERUS FOR PUERPERAL SEPSIS.

BY F. T. BICKNELL, M.D., LOS ANGELES, CAL.

I appreciate that I am addressing an audience of practicing physicians and surgeons, who are not only conversant with the literature of the subject under consideration, but most of whom, if not all, have had bedside experience in puerperal septicemia. Hence, I can abbreviate this article by saying but little upon the etiology of this class of cases, for it is summed up in saying that the same germs that cause wound infection anywhere, cause puerperal sepsis; only modified by the anatomical differences existing at the puerperal period.

It has been so thoroughly demonstrated that strict observance of antiseptic rules in obstetric practice prevents all post-puerperal fevers of this class, that even the most common people hold the accoucheur or midwife responsible and in disgrace for these accidents; so much so, that reliable statistics of mortality in this class of cases are impossible to get. All health officers meet you with the response that certificates of this class of cases are ambiguous, misleading and rarely worded as plain puerperal septicemia; still I find that in the City of Chicago from 1881 to 1894 there were reported 2,127 deaths from puerperal fever; in the same city, for the year 1894, there were reported 214 deaths from puerperal fever. In New York City, for the six years ending May 31, 1890, 2,236 died in the puerperal state, and 1,250 from puerperal fever. During the same period Brooklyn reported 867 deaths in the puerperal state, and 462 from puerperal fever. Inquiry of our health officer, Dr. Steddom, as to deaths reported from puerperal fever during the past year, gives us the following answer: Puerperal fever, two cases; septicemia, one case; a few cases of peritonitis reported, cause not stated; probably two cases directly traceable to the puerperal state.

*Read at the Eighteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 2 and 3, 1896.

These statistics prove to us, that notwithstanding the profession know and the people know, that puerperal fever is a preventable disease, still it does exist, and of necessity always will occur now and then, especially in general practice, for all conditions cannot be foreseen or controlled, so far as the ounce of prevention is concerned, therefore the pound of cure should be made as full in weight and quality as the combined resources of the medical, obstetrical and surgical profession can make it.

Hence, whatever weight or worth there may be in the very limited experience that I have had surgically through hysterectomy, "in two desperate and dying cases," I will report it for your consideration.

There is a scientific bacteriological side to this subject that cannot and must not be overlooked by either the accoucheur or surgeon, but it is too extensive to be considered, even were I competent to do so, within the intended scope of this paper; but this I may say, the name certain pyogenic germs may possess matters little to the patient, whether streptococci, staphylococci, or cocci erysipelatis, or all combined, or more.

The practical question of importance to the patient, her friends, her family, and to the physician, is what can be done to save her life? Hence we take up the subject at this point, assuming as granted, that puerperal sepsis is a blood poison from some toxic germ, the name of which is practically immaterial so long as the nature of the same is destructive and death-dealing to the patient. It is also assumed, as granted, that the point of introduction of this toxic germ is through the birth canal, and that it was imported by some one or something, finding lodgment in some abrasion of the vagina, in a perineal or cervical laceration, or transmitted by contiguity of part, by some placental tissue or membrane retained within the uterus, setting up putrefactive changes, which taken up by absorbent lymphatics and blood vessels, sets up pathological changes that rapidly develop signs, and symptoms, both local and constitutional, which the physician must interpret and upon which he must base his diagnosis and treatment. And it is right here that the physician's anxiety and worry begins.

The main diagnostic symptoms to be relied upon are high fever, rapid pulse, possible chills and sweats, and history of case. Our knowledge of the behavior of poisoned wounds, leads us at once to attend to the point of infection the same here as anywhere, and this leads us at once to the treatment, which is purely surgical, the details of which are to be brought out in the discussion; but briefly summarized, consists in cleansing and disinfecting the infected part as far as is possible, thereby shutting off systemic infection; hence, curettement, either instrumental or by the finger, is employed, preceded and followed by intra-uterine washes always sterilized and often medicated, also drainage and vaginal washes.

The sharp curette I unqualifiedly condemn in this class of cases; the finger, with the patient anesthetized, is undoubtedly the best, but an exploratory examination for putrefactive debris retained in the uterus, setting up a sapremia, may properly and safely be made with a dull or spoon curette, combined with a wash, and it often promptly brings to an end a most threatening case of septicemia. Tubular or gauze drainage is advisable, but I cannot agree with any one that packs the uterus at this time.

It is at the beginning of the trouble, when no haphazard or reckless interference is tolerated; and if in doubt, and at this time most all of us are, just where the point of infection is located, remember that free drainage and sterilized washes never harmed any septic wound, but that this must be obtained by the least possible pain and disturbance of inflamed parts.

If anything radical and painful is to be done, let it be done under an anæsthetic, and thoroughly and carefully done, and everything arranged for as little after disturbance as possible. Local abraded points anywhere in the birth canal, should be cauterized at least once by application of pure carbolic acid.

The object of this paper, not being to discuss in detail the etiology, pathology, symptoms or treatment of puerperal fever, but rather to report two cases in which I performed hysterectomy, and to give you my conclusions from the specimens obtained and the results of the operations, I now proceed to make such report.

Some of you, perhaps, remember, that at our meeting one year ago to-day I exhibited to you a large, almost warm, bloody and pus-dripping uterus that I had removed that day, and how anxious I was about results. From that day on I was less anxious about her recovery than I had been for the previous two weeks, for I had seen her getting progressively worse during all that time, in spite of all I could do, and could see no reason to expect her to recover unless the cause was removed. It is this case I report first.

Case I.—Mrs. C., present age 29. Was last confined one year ago last month, November 9th. Had borne two children previous to this one, ages seven and five. Cervix and perineum were badly lacerated by the birth of one or both of these older children. I repaired her cervix and perineum about three and a half years ago. This last confinement was normal, and no more serious accident occurred than a slight laceration in the perineal scar, which required not more than two stitches; I think only one, which I placed at the time. I gave her an intrauterine, sterilized, plain douche at this time. Everything seemed all right for the first two days, but on the morning of the third day I found her with fever, I think about 101° . The same evening her temperature was near 103° ; lochial discharge normal and no odor, and no more tenderness over abdomen than she had experienced for years, for she had a bad and tender ovary on left side that I had begged her to have removed time and again. At this time I examined her: there was an angry and aphthous look about the perineal tear, also the same look about the cervix. I washed the vagina thoroughly with bichloride solution, probably 1 in 2000, and then with sterilized water; then gave a thorough intrauterine wash and carefully explored the uterus with a long flexible spoon curette for retained debris of any kind; found nothing, washed the uterus again with recurrent irrigator using bichloride solution, and last with sterilized water; then swabbed the uterus with equal parts of carbolic acid and tinct. iodine; also thoroughly painted the cervix with the same, and the suspicious wound in the perineum; and gave her sodii salicylate tablets, five grains each, every two and a half hours, in place of quinine, for I knew by experience that a grain of the latter would poison her, as she had a quinine idiosyncrasy. I think it was that night she had a chill, and high fever following, temperature 105° , as reported by the nurse, but was down to 102° in the morning. Vaginal douches, carbolized, were kept up every three hours; evening fever of that day was 104° ; did not give intrauterine douche that evening, but finding the temperature next morning 102° I did do what I thought to be a careful and thorough curettement, and found nothing foreign or suspicious; washed out the uterus and drained with iodoform gauze and repainted the cervix and perineum. There was not the least odor to discharge, and the cervix and perineum looked much improved, and so far as the perineum was concerned, I may here say, it united without any delay or fault, and in due time stitches were removed and result was perfect; but it was not one hour after the curettement and intrauterine wash that she had a chill, and fever

following, and I will say here, I have had that experience before, and witnessed the same in consultation cases.

I did not curette or give intrauterine douche again, but kept up the vaginal douches to the last. There never was any general peritonitis, and but a limited pelvic peritonitis; never any marked board-like hardness of the vault of the vagina, nor marked discoverable changes in either of the lateral or the posterior culdesac of the vagina, more than a certain unnatural fullness and thickening, and great tenderness, that prohibited a satisfactory examination. The abdomen, especially over the loins, was always more or less tender, but only limited in distension; but the fever kept up from 101° to 105° , with considerable sweating, for ten days or two weeks; then once in a while would become subnormal, and then shoot up anywhere from 103° to 105° . Pulse always bad, running from 100 to 120, 130, and sometimes to 140 or 150. She looked bad and felt sick, and in short, was septic through and through. She was plainly getting worse and worse, and often said she could not get well, and I was convinced that she was right—thoroughly so. I had talked over her condition freely with her, and suggested several times that if she did not get better that she could have a good chance through an operation, but would wait a little longer. I expected to do nothing more than an oophorectomy for pus tubes, if any operation was done, and when the time came that I told her that I had no hope for her recovery except through an operation, and when she ultimately went onto the operating table, and until I had opened the abdomen and found this ovarian abscess on one side and the broad ligament separated and pouting with pus on the other side, and the uterus large and bulky, as you saw it, did I realize that nothing short of complete extirpation or closing her up was left for me to do. My course was plain and decided upon in an instant. I removed everything by the vagino-abdominal method. Her progress was uninterrupted toward recovery, and only interfered with by some of the most obstinate and painful stitch abscesses I ever saw. They never yielded but a little pus, but the tissue took on a carbuncular hardness and tenderness, and painfulness, that I never saw in any tissue except in true carbuncles. I had to give her chloroform and deeply incise the tissue on one side of the recti in several places; the opposite side of the incision gave no trouble whatever. She was detained in the hospital about five weeks; I think fully two of these weeks were consequent upon this stitch abscess trouble. She was up and out independently in about two and a half months from date of operation, which was Dec. 3d. Has been and is now perfectly well.

I have not given you a chart report of her pulse and temperature, or told you about the long list of tonics and nourishment and stimulants she took prior to and after the operation. You can imagine the last.

I think the operation saved her life.

Case 2.—My report of this case must be brief, for I have no personal knowledge of the history of the case, having seen the patient one day, operated the next, and have not seen her since.

Mrs. M.; physician's wife, residing at Pasadena for her health; pulmonary tuberculosis. Had been there only a few months; came from Chicago. Had a premature delivery at eight months. Was attended, I think, by a local physician, a very bright and competent man, whose name I cannot now recall. A short time after delivery fever developed. Dr. M., the husband, came on. He curetted his wife thoroughly, doing so with his finger under an anesthetic; and of course followed up the regular antiseptic douching, etc. The fever and evidences of sepsis continued, and I think he curetted the second time. Still high fever sweats and prostration continued. The doctor, being thoroughly up in all modern

treatment, neglected nothing, and did everything that could be done to ward off what he saw was rapidly destroying his wife.

Locally there did not seem enough to account for the alarming symptoms, for at the time I saw her, her temperature was reported to be running almost daily from 3° below to 5° above normal. Counsel had been called. How many, and all of whom, I do not know. Our worthy President saw the case, and probably can tell you more of her history than I can. The question of where this pus center was located that was so rapidly and certainly poisoning this woman was in doubt. Some one was rash enough to suggest that I be called, and so I was. The patient was a picture of septic poisoning. A local examination revealed nothing but a hard and indurated exudate in the right pelvis. All the doctors that examined her felt this, and so did I. They could not feel sure that there was any pus in this exudate or tube; I felt pretty sure that I could, and so expressed myself and advised, on general principles, as the only hope in the case, a hysterectomy; expressing grave doubts about the survival of the patient from the operation at all, for she was very low. The case was left for future orders. The next forenoon Dr. M. telephoned me to come out prepared to operate. Patient had that night had a chill, followed by temperature nearly or quite to 106°, and then fell far below normal.

Dr. Moore, Dr. Bullard, Dr. Whitman, who was a Chicago acquaintance of the doctor and his wife, and myself, went out. The husband told me to do what I thought best; and I can assure you, a surgeon has to be a little reckless of his reputation to willingly assume such responsibilities as this case presented. But I felt it was my duty, and nothing short of it, to give this woman what I believed to be her only chance. She was placed upon the table; digital examination under the anesthetic convinced me at once that all the other doctors were right, and that I was wrong about there being pus in the exudate or tube of the right side. And I so said at once, but proceeded to carefully dilate the cervix, which was easily done, with the purpose of inserting some gauze and sewing up the cervix prior to doing a vaginal hysterectomy. I then carefully passed the uterine sound to positively locate position and size of uterus, and to my utter astonishment and surprise, the sound, and so far as I could feel or determine, without any obstruction, passed in the whole length, which of course meant that I had passed right through the uterus. That being the case I felt I had better make an abdominal exploratory incision and see what was the condition of things. So I passed in a small strip of iodoform gauze on the sound, and so far as I could feel and know, it was remaining in the uterus, but upon opening the abdomen at least three inches of the gauze was protruding through the uterus and into the abdomen.

I put in a retention stitch in the abdominal incision and covered the wound with a hot sterilized towel, and as rapidly as I could did a vaginal hysterectomy; closed up abdomen and put the patient to bed. Operation done June 29th. We came home. I was in town for four or five days after the operation, before I took my summer vacation; Dr. M. telephoned report of case daily. Her condition was not more precarious, though very dangerous, so far as he reported, than before the operation. On my return, after an absence of nearly a month, the doctor called and reported his wife well and sitting up. Not long after he called to say he was about to return to Chicago and that his wife was well, and his only fear was from her tubercular trouble. Almost six weeks ago the lady she was boarding with met me on the street and said Mrs. M. was well.

I believe the operation saved her life. The uterus laid open laterally, immediately after extirpation, was practically rotten: a perfect type of septic metritis.

It would break apart like a piece of old cheese, moist with pus in every fiber. The point of perforation was, as you see, on the anterior surface just above the internal os. It was here where the doctor said the curetting was mostly done, but I do not by any manner of means think it was curetted through, but was thinned considerably; the muscular tissue was thoroughly soft, pulpy and rotten, and so must have been the peritoneum at this point, for my sense of touch is ordinarily delicate I am sure. I was alive and on the alert for anything and everything unusual, and I know I felt no tangible obstruction to the passage of the sound even when carrying a strip of gauze at its point.

Now, gentlemen, you have seen these specimens. You have an abbreviated report of the constitutional symptoms, and my word for it, that in my judgment these patients could not have lived but a short time at most, without an operation, and that they are now both well. I will submit it as my opinion that there are a certain class of selected cases of puerperal septicemia that should not be abandoned to die because we seriously fear they will not survive an operation. In other words, a case that progressively gets worse, notwithstanding the usages of the best known antiseptic treatment for blood poison, from wound infection, employed both locally and constitutionally, should have the chance for her life that hysterectomy gives, and when I say hysterectomy I mean complete extirpation of uterus and all adnexa. A puerperal septic ovarian abscess, or pus tube, without a septic endometritis and probable septic metritis, I do not believe possible, or even if possible, it is so improbable that I should take no chances by leaving any source of infection to kill my patient after subjecting her to so serious an operation. I do not want even a cervical stump left. I want free vaginal drainage, and any operation for this trouble in a case that requires any operation at all, that opens up the peritoneal cavity, that fails to furnish this free and best drainage, falls short of the first requisite for recovery succeeding the shock of the operation. The choice of operation depends, of course, upon the local conditions, and the recognition of these conditions depends upon the skill and experience of the operator. I should say that if there is any doubt about conditions, either before or during the operation, open the abdomen and see that everything is being done right, and in fact my first case proved to me that it is impossible to thoroughly judge of all the conditions without opening the abdomen, for while the pus tube might have been recognized on one side and pus within the broad ligament on the other, I do not think anybody could have recognized the little abscess the size of a bird's egg at the uterine cornu cemented in and retained by local peritonitis between it and the omentum, which upon removal of the uterus, would have been opened, allowing the pus to escape at once entirely beyond any control except from above and wholly unrecognizable by the vaginal route. The second case was a vaginal case, had we not had a perforation of the uterine wall, but with it I deemed it best to see the condition of all the parts.

So every case must be judged of by the operator, and I think the best operators, those that do the most work, do as little unseen work as possible in cases of all kinds, and least of all, in cases of this kind.

You notice that in this report I have made no division of the subject based upon local pathological changes found, or special constitutional symptoms.

I assume that any and every local accumulation of pus that may be recognized anywhere, especially outside of the peritoneal cavity will be evacuated promptly, washed and drained, strong and offensive odors connected with discharges suggest putrefactive changes going on in retained uterine debris, but its absence in

nowise indicates that septic infection is not going on if temperature is increased and pulse accelerated.

That condition which is called sapremia, or intoxication from systemic infection cannot be differentiated from true sepsis, as is found in septic endometritis or metritis, so far as I know, except as treatment may determine, the former frequently, promptly yields to a single thorough uterine wash. The latter often progresses in spite of curettement and repeated washes and drainages.

Hence, the conclusion I draw from experience and observation is that the cases are few that should be subjected to an operation, for it is true that the vast majority of these septic cases, and some of them very threatening, do recover by persistent, thorough local antiseptic care, but there are cases, such as we have reported, and such as other physicians report, and no doubt some of you have in mind, occurring in the earlier years of your practice, that nothing short of hysterectomy can save. Hysterectomy in puerperal sepsis has a legitimate place that up to date has no substitute. It is an operation that should not be postponed until death is inevitable, but should be postponed until reasonable time and treatment has been employed and failed to show evidences of improvement, and just what that time is in days and weeks, no rule can formulate. I would say from ten days to six weeks would probably cover the majority of cases. Hysterectomy in early rapid infection would be a questionable procedure. Hysterectomy in puerperal septicemia is not an inviting field for surgeons that want a large list of uninterrupted recoveries. Hysterectomy for puerperal sepsis should never be undertaken without prearranging everything for resuscitation of patient from shock, especially transfusion with the normal saline solution, and rectal injections of hot coffee and brandy, hypodermics of strychnia and inhalations of oxygen. Hysterectomy for puerperal sepsis should be an operation of last resort, but not through delay, one of a forlorn hope.

Thanking you for your patient attention, and soliciting free discussion and criticism,

I always remain the obedient servant of the Southern California Medical Association.

DISCUSSION.

Dr. Jos. Kurtz, Los Angeles: Instead of criticizing the paper, I must express my thanks to the doctor, for he has taught me a good deal; I had thought that the operation was more theoretical than practical. In these cases although the high temperature would indicate thorough infection, yet the local inflammation was circumscribed; do not believe the operation would be successful if there was general peritonitis.

He stated that there were still a large number of cases of puerperal fever reported—natural that they should occur in the hands of ignorant midwives, but we have seen that one of these occurred in the doctor's own practice; in many the infection is there before labor, even before pregnancy. Gonorrhea is a great cause and we would do away with a good many cases if a certain class were not allowed to marry.

As to the operation, it is on the general principle of removal of the source of infection whatever it is, either the uterus, tubes or appendix—I had operated for appendicitis long before I knew the name of it. From what I have read, many operations have failed, and I think on account of general peritonitis; in such cases would say *noli me tangere*.

Dr. F. D. Bullard, Los Angeles: The infection in these cases was very severe; they were the most dreadful cases I have seen on the table and I think should

teach us to have everything at hand for the stimulation and resuscitation of the patient, and then the surgeon should face any danger to give a chance for life.

Dr. F. C. Shurtleff, Los Angeles: Dr. Bicknell should be congratulated on his results. I agree with Dr. Kurtz as to general peritonitis. I have had three cases; two of general peritonitis which I lost, one with local peritonitis lived. Point as to infection is a good one. Accoucheur cannot be too explicit in directions, especially as to douches. Personally, I employ douches and have yet to see trouble.

Dr. A. L. Kelsey, Santa Paula: From general practitioner's standpoint would like to learn method of distinguishing sapremia from pus tubes. One case has hard battle and is saved—another equally so is lost. I agree as to the care in nursing. One case I saved was attended by a professional nurse, who followed directions explicitly, made every effort to prevent shock (the least disturbance would cause chill and threatened collapse). For the second case the nurse was not trained, was in fact the cause of infection; shocks were permitted and would produce elevation of temperature and serious symptoms.

Dr. J. E. Cowles, Los Angeles: I would commend the writer for his courage; it was the thing to be done. In sapremia there is a great deal of doubt; the temperature is sometimes normal and then rises; in septicemia there is a high, steady temperature and patient almost always dies, but should have benefit of operation.

Dr. O. D. Fitzgerald, Los Angeles: Think there is nothing in auto-infection *per se*; suppose infection may be there before labor. Think trouble attributed to some one coming in or use of an unsterilized towel is due to specific infection. In country districts, where women took care of cases, there was no infection—think it was because they did nothing else.

Dr. E. A. Praeger, Los Angeles: The writer has laid us under obligations. I can't agree with him in condemnation of sharp curette; if any is needed, it will do the better work. I have had two cases, but result was not so successful—operation was too late. Think if we are to have success must operate early.

Dr. Sherwood-Dunn, Los Angeles: Dr. Bicknell is known as one of our most conservative surgeons and it is good that he should set us this example. Although a partisan of early operation I would extol the surgeon who would give a chance for life to the woman whose death warrant was signed. Dr. Dudley, of Chicago, in a report of 10,000 births records 130 deaths, 26 of which were from puerperal septicemia. He had performed this operation 12 or 13 times; in two cases of general peritonitis saved life.

In majority of cases infection occurs before impregnation and in spite of the best of treatment septicemia will develop.

Dr. Bicknell: Am somewhat embarrassed by the commendations. Am glad for suggestive criticisms. Good men, more competent than I, will absolutely differ from me as to indications for the operation, you can see how we differ here; I fear that it is dangerous to recommend early operation for some cases apparently serious in first part recover without operation. Where so infected it would seem that the removal of the uterus would not relieve, but observation shows that it will. In general suppurative peritonitis, will die without, may die with operation, but you are justified in opening and washing out the abdomen and it gives a chance. Dr. Kurtz questioned a patient's being septic through and through without general peritonitis, yet the second case was thoroughly infected and no peritonitis—the uterus was one mass of septic material. When the uterus is soft, we may dig out muscular tissue with sharp curette. In my judgment it is best not to be in a hurry about operating, because the majority get well without it.

TREATMENT OF PUERPERAL ECLAMPSIA.*

BY GEO. L. COLE, M.D., LOS ANGELES, CAL.

My apology, if one is needed, for presenting to the society a subject about which nothing new can be said, is that we have before us, in considering puerperal eclampsia, a condition which demands prompt and decisive action when confronted, and from the infrequency with which it occurs, we, especially the younger element of the profession, are apt to be somewhat at sea from a want of experience in dealing with a condition which, under the best of treatment, yields a large percentage of mortality. And again, I have noticed that those who have had a moderately large experience in treating this malady are ever interested in its discussion, from the fact that there naturally arise two distinct modes of treatment, which at first glance seem to be diametrically opposed, but which, after all, can be theoretically as well as practically harmonized; both tending to bring about good results in much the same manner that a traveler may often reach the same destination by routes that at first seem to start in opposite directions.

I shall not tire you by theorizing upon the etiology or pathology of the morbid condition. Simply suffice it to say that all seem agreed that in the majority of cases there seems to be a direct relation between imperfect elimination and the manifestation of the disease, frequently, but not invariably, shown by albuminuria. While we all concede not only the advisability, but the necessity as well, of careful observation of elimination during the term of pregnancy, as shown by frequent examinations of the urine, and also concede the right to be justly alarmed when albuminuria appears as a new condition in pregnancy, nevertheless it is an interesting fact to note that the majority of cases, or at least many cases, of chronic Bright's disease, unless too far advanced, pass through the pregnant state and are delivered at term without eclamptic manifestations. This is no doubt largely due to a condition of tolerance acquired by the nervous system, which does not exist in cases showing a nephritis developing during the period of gestation.

The frequency of eclampsia is variously given as one case in from four hundred to five hundred deliveries. My own experience has seen this ratio trebled, as, during my first two hundred and fifty cases of obstetrics, I met two cases of eclampsia.

One was a case in which labor began under the care of a midwife, and I did not see the case until convulsions had been recurring repeatedly for a couple of hours. No examination of urine had been made, and, as the case went on to a speedy death, the patient not regaining consciousness between convulsions, no urine was procured for examination. When I first saw her, labor had been in progress for about three hours, and the os was dilated to about the size of a 25-cent piece. I at once saw the serious condition of affairs, and immediately sent for our worthy president; with his aid succeeded very shortly in dilating the cervix sufficiently to perform version, and we delivered very rapidly. While no more convulsions appeared after the uterus was emptied, the comatose condition rapidly became more profound, and the patient died at 4 A. M., I having been called only six hours previous to death. I have always regretted that we did not resort to venesection in this case, but have thought that even then she would have died.

Case II.—A primipara, aged 36, married 18 years. I had the case under observ-

* Read at the Eighteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 2 and 3, 1896.

ation from the fourth or fifth month, and made four or five examinations of the urine during the last three months, and at no time did I find albuminuria. The last test for albumin was made one week prior to labor. The patient, however, contracted a severe cold about three days before labor began. Everything progressed well during the first stage, except that it was somewhat long and tedious. When the os was fully dilated I remarked to the husband that we were always pleased when a case arrived at this stage, as it then became an easy matter to deliver quickly, if occasion should require. Not more than five minutes after this remark, the patient had a typical puerperal convulsion of moderate severity. I immediately carried the chloroform to the degree of surgical anesthesia and delivered quickly, at the same time sending for a consultant. The perineum was lacerated and before the chloroform was suspended the parts were carefully adjusted and sutured. About one hour after delivery the patient had another convulsion, somewhat shorter than the first. Moderate doses of chloral hydrate were administered from this time on for three days, and gradually reduced until it was suspended at the fourth day. Twenty-four hours after delivery the urine showed the slightest trace of albumin. The case went on to recovery, showing only the two convulsions.

The treatment of puerperal eclampsia naturally resolves itself into the prophylactic treatment and the treatment of cases that have already shown eclamptic symptoms. Under the former head, i. e., prophylaxis, the following words of Lusk come very near covering the ground:

"Every precaution should be taken to remove from albuminuric patients all sources of mental excitement, to ward off attacks of indigestion, and to defend them from colds." If to this we add all possible means of promoting elimination by means of judicious stimulation of kidneys and skin, we shall not come far short of doing all that can be done to carry our patient to a safe delivery. To this end may be suggested the fluid diet, largely made up of milk, when possible, and the use of tinctur. ferri chlorid, in moderate doses over a long continued time, for both its diuretic action and its power of improving the condition of the blood. Mild laxatives should be used to keep the intestinal tract well cleared out.

With regard to the treatment of eclamptic symptoms when they appear, there are two lines of treatment which at first thought seem to be opposed, but which in reality act in different ways to bring about the same result. I refer here to venesection, catharsis and diaphoresis, as opposed to the use of opiates and nerve sedatives. It is to be remembered that while the former tend to eliminate the poison producing the eclamptic symptoms, the latter often enable us to create a tolerance in the system for the poison, which can be done so quickly as to enable us to tide over a period which might otherwise prove fatal.

Thus it seems to me that a rational line of treatment is to first abstract a reasonable amount of blood, as by doing this we not only eliminate a certain amount of poisonous material from the system quickly and effectively, but place the system in a condition to be the more easily impressed by remedies, such as opiates, bromides and chloral, intended to render the nervous system tolerant of the poison that remains. In this connection also it is well to remember that in *veratrum viride* we have a drug which practically enables us to bleed the patient, with the advantage of restoring the blood at such a time as seems necessary. By this I refer to the action of the drug, which seems to be sustained by good authority, whereby the blood is withdrawn from the nerve centers for the time being and stored in the portal vessels. Thus it is a remedy applicable in some cases where there might be objection to venesection. Following the abstraction of blood or

in conjunction with the use of veratrum, the administration of a full dose of morphia hypodermically and the use of chloral hydrate, either alone or combined with the bromides, the chloral given either by mouth or rectum, as best suited to the case, and the enjoining of absolute quietude, would seem a continuation of rational treatment.

Whether the uterus shall be evacuated at once or the case left to proceed unaided by instruments or otherwise, are questions to be determined in each individual case. However, should instrumental delivery be decided upon, full surgical anesthesia should be produced. The question regarding the production of premature delivery in cases where eclampsia occurs during the latter part of the period of gestation, is one of such amplitude that I do not care to consider it in this brief paper.

Potomac Block.

DISCUSSION.

Dr. D. B. Van Slyck, Pasadena: Dr. Cole has covered the ground and I agree with him.

Prophylaxis. Sometimes in the last two to six weeks headaches, impaired vision, etc., appear, the majority of cases showing albumen. I think venesection at that time will often tide the patient over. I had a case 20 years ago, taken six weeks before her time, had three convulsions. I bled for effect, didn't note amount particularly; when I thought I had enough, found there was 26 ounces—she went on to term. I think in such a case now, I would dilate and deliver, have done so since and think it is the safer course. But when you get the head symptoms, venesection is the proper thing to do.

Treatment: Steam bath to promote activity of skin. Better to use chloroform to anesthesia. After venesection I would not object to morphia in moderate doses, as $\frac{1}{4}$ gr. Best to empty uterus.

Dr. F. D. Bullard: Hyoscyamine or hyoscyine would perhaps be better than opium. I had one case which I had to leave to Dr. Rose Bullard, who called in Dr. M. L. Moore. Convulsions came on after delivery; venesection, chloroform, chloral hydrate and hyoscyine were used. It was 24 hours after birth before she could be roused to consciousness. Albumen remained in the urine for several months (it was not present one week before confinement.) The trouble is due to a toxin in the blood, the nature of which is not known. It is not urea, perhaps is a coloring matter. The most rational treatment to me is venesection, and if needed the injection of normal salt solution at the same time.

Dr. Van Slyck said he had intended to commend the latter procedure.

Dr. Lasher also advocated it strongly; said the intra-venous injection of salt solution aroused the secretions and caused increased flow of urine.

Dr. J. W. Givens, Los Angeles: Etiology and pathology are interesting. The treatment is still old-fashioned. We forget about the eliminating function of the skin. The kidneys fail from mechanical and chemical causes; instead of lashing them we should cause action of the skin which can be done by hot air baths or by opium. The use of the hot salt solution is very important, but it is not necessary to inject into a vein; may be used subcutaneously.

Dr. Lasher: I have found that I get much better results from intra-venous than from subcutaneous injection.

Dr. Cowles: Along the line of elimination, Dr. Cole did not refer to pilocarpin. It is a very important remedy, especially with morphia—I am not afraid of large doses of morphia. In a recent case gave two grains hypodermically in two hours, took 20 ounces of blood, gave pilocarpin, digitalin, etc., and the patient recovered.

Dr. Dunn: In a recent brochure received from France, I saw that the drug, trinitrin, was being successfully used in this condition in the Baudelocque Hospital, Paris, where they average 16 births a day. The practice there, when symptoms arise, is to do venesection, taking a large amount of blood, and replacing it with the same or larger amount of salt solution.

Dr. Frank Garcelon, Pomona: I wish to indorse Dr. Cole's suggestion of the use of veratrum viride, reducing the pulse to 60 and keeping it there. Have seen three cases successfully treated. Gave chloroform and morphin, then gave Norwood's veratrum viride, ten drops hypodermically every ten minutes until a drachm was given. In one case could not control by other means, but there was no convulsion after pulse was lowered to 60.

Dr. J. H. Bullard, Los Angeles: A word in confirmation of the last statement. Last year, when in New York, I met Dr. Torek and he says positively after a large experience that he has a specific in veratrum viride; he keeps the pulse below 60.

Dr. P. J. Parker, San Diego: Veratrum is one of our best remedies. Veratrum, opium and chloral are our sheet-anchors. First give a large dose of morphin and then use veratrum.

Dr. H. S. Orme, Los Angeles: Dr. Fordyce Barker said in 1860 that veratrum viride was a specific, used with plenty of chloroform.

Dr. Cole: As to bleeding, must bleed patient until you feel a soft, compressible pulse. Wish Dr. Bullard's friend had been around before my first case.

THE RELATIONS OF GENERAL MEDICINE AND SURGERY TO GYNECOLOGY.*

BY D. B. VAN SLYCK, M.D., PASADENA, CAL.

It may safely be asserted that there can be no such thing as a purely local disease, for every pathological condition of whatever kind, degree or location, must necessarily have more or less constitutional relations.

The sensitive, sympathetic, nervous system of woman, establishes reflex and intimate relations between her pelvic organs and almost every organ and function of her body, so that in treating her for any disease, this fact must be considered as well as her own mental attitude toward the ailment from which she may be suffering. This last aspect of her case is as important as any other, for, after taking into account all possible reflex and sympathetic relations, we must still recognize the fact that the cerebral cortex dominates the entire being, and must also be reckoned with as more or less a factor for good or evil in the diseases of any organ, in injuries and in all surgical procedures.

All innervation, every physiological process, as absorption, secretion, vascular tone, nutrition, etc., are harmonized and regulated from the brain cortex. It can be easily understood, therefore, that the emotions and different mental states may play an important part both in the causation and cure of many diseases. When we say that a patient's disease has affected her mind, it may easily be much truer that her mental condition has caused the disease, or subjective symptoms of disease, which are often the precursors of a pathological process. How often does pelvic disease in young women, in previous good health, date from anxiety over the long illness of a near and dear relative and grief for his death? Similarly, in married, child bearing women, a lacerated cervix, a ruptured perineum

*Read at the Eighteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 2 and 3, 1896.

or uterine displacement, one or all of these may have existed for years without symptoms, until made acutely operative by the exhausting effect of some prolonged mental strain.

A large percentage of gynecological cases are neurasthenics, in which the material treatment, though very necessary, is of far less importance than the psychological. So, too, in operative cases, if the surgeon takes account only of the gross anatomy, and ignores those more subtle agencies that dominate all vital processes, he will achieve only partial success. The result of his surgery may be physically perfect, and yet the subjective symptoms of the patient remain to baffle him. Then there are many cases of obscure complication, in which pelvic diseases may or may not be the causative or even the predominant factor.

A few years ago I had under my care a woman who came to me to be treated for retroversion and a prolapsed ovary. She stated that she had consulted several physicians during the last three years, none of whom, after a fair trial, had done her any good. She was neurasthenic and exceedingly despondent. I found in addition to the conditions named, that she had been suffering from a catarrh of the bowels which dated from about the same time as her uterine trouble, though this she made light of, referring every symptom to the uterus and ovary. I was fortunately able in two or three months to cure the bowel trouble, giving her mild local treatment also, as she would not have been satisfied otherwise. All her diseases got well together, and no symptoms of pelvic disease have returned up to date.

I have seen many cases in which a torpid liver, constipation, and retention of feces in the rectum by a spasmodically contracted sphincter, gave rise to all the symptoms of serious pelvic disease, but were cured by forcible dilatation of the sphincter—cases that had been tortured by pessaries for a coexisting retroversion, and others who had been treated for long periods by tampons and iodine when there was only a mild catarrh of the cervix. On such cases the so-called "official surgeons" performed their brilliant cures, and the "missing link" works miracles. Again, ulceration, or other lesions in the rectum, may produce many and severe symptoms of the genital organs.

It is, therefore, never enough to discover some pelvic trouble, and assume that that accounts for all the symptoms in a given case. We should only be satisfied with an exhaustive examination that will disclose all possible complications. It is too common to attribute all nervous manifestation—headaches, vertigo, palpitations, etc.—to pelvic reflexes, or label them hysterical, when they may have quite a different origin.

There is one condition to which such symptoms are often due, that, in my opinion, is both an active and predisposing cause of pelvic diseases. It is certainly a frequent accompaniment, and sadly interferes with their cure. I refer to renal insufficiency. Given the retention in the system of a large amount of urinary solids, add to this the absorption of the ptomains from fecal accumulations—for the two conditions, constipation and renal insufficiency, usually go together, and a varied complex of symptoms must needs result.

The following case offers a very common picture:

Miss D, age 25; menstruation very irregular; has backache, headache, pelvic pains increased by exercise, great nervousness and constipation; urinary solids over four hundred grains below normal; urinary odor to her breath. She was given diuretics, laxatives and tonics. The amount of solids in the urine was increased to over nine hundred grains, menstruation became regular and good health returned. Subsequently, whenever the urinary solids fell much below

normal, there would again be amenorrhea and a return of the other symptoms. I never examined her for uterine disease, as at first she refused her consent to it, and later it was unnecessary.

One other case:

Mrs. G., age 40, mother of four children. She had pelvic weight, ovarian pains, attacks of vertigo, neuralgic headaches, pain in left chest, often very severe, leucorrhea, endometritis, moderate menorrhagia, gastro-enteric indigestion. Urinary solids, 350 grains, should have been 850. She had had a great deal of uterine treatment during the preceding two years. She would not consent to dilatation of the cervix and curetting. Local treatment, diuretics—chiefly lithia and hot water—tonics, and laxatives effected a cure in three or four months.

I might far exceed the reasonable limits of this paper in further illustrating the manifold relations diseases peculiar to women bear to other diseases and abnormal conditions.

The more the subject is considered the more evident will it appear, that the gynecological specialist needs to be first of all an "all round doctor," with a wide practical experience, as well as a theoretical knowledge of the entire range of general medicine, and a good deal more besides.

All general practitioners are physicians and surgeons. That is, surgeons as to minor procedures, each according to his opportunity, experience and aptitude. Each has and knows his own limitations, and in any case beyond that limit will call to his aid the surgeon specialist, a man of known skill and experience in every branch of surgery.

The general practitioner is, in the same sense, a gynecologist, and beyond his limit in that line often needs the specialist. When he does need one, it is generally to do some serious operation or to decide upon the advisability of one.

The surgery required is often most delicate and difficult, requiring great nicety of technique and abounding in startling surprises and unforeseen emergencies, that require prompt action to save the patient from instant death.

Is it not evident, then, that a specialist in gynecology needs to be an all round surgeon as well as an all round doctor? To be such requires infinite pains and practice in the art. Step by step from minor to major operations. It matters not how good a student a man may be, or how well grounded in the fundamentals and theories of his profession as taught in the schools, his knowledge is valueless until transmuted, vitalised, and made practical in the alembic of experience. It is only thus that the surgeon acquires what, to the onlooker, seems a surgical intuition, the "*tactus eruditus*," "the eyes in the ends of his fingers." The motor and sensory areas of the brain cortex can only be educated to manual dexterity by many repetitions of the same act.

Is it not amazing to see fledglings, with the ink scarcely dry on their diplomas, who have perhaps had a few months' experience in a woman's hospital, announcing themselves as specialists in gynecology! Their fingers fairly itch from the start to get into a woman's abdomen yet they would not dare to amputate a leg or a cancerous breast.

One of this sort took a patient to the hospital to do a celiotomy. He boldly cut through the abdominal wall, but at the next stroke of the knife there was a sudden gush of blood, when, in dismay, he shouted, "Damn it, there's a hemorrhage; send for the surgeons!" Fortunately there was one at hand who knew what to do, and the woman didn't bleed to death.

Egotism, conceit and audacity are qualities to dazzle and secure the applause of the multitude, and bring a certain kind of success, for, if a man only proclaim

his pretensions vociferously enough, they will mostly accept his own valuation of himself, but the profession will always put their trust in the modest workers, whose deeds attest their virtues, and who do not need to beat the drum and proclaim their skill from the house-tops.

DISCUSSION.

Dr. E. A. Praeger: It is hard to criticise a paper when in such accord with it. Before a man adopts gynecology as a profession, he should have knowledge of general practice and surgery. Gynecology is only a higher branch of surgery. One of the worst misnomers is medical gynecology; there is no such thing. The case is either surgical or should be in the hands of the general practitioner or the neurologist. It is often a question whether a disease is in the brain or the pelvis. If cervical or perineal tears give symptoms, it is best to repair them and then if the patient complains refer her to the neurologist. The paper is an important one; the writer scorches those who would be specialists after a few weeks in post-graduate school. These specialists are not confined to gynecology, although perhaps they flourish more in that branch as woman is frail and likes to have some trouble with her ovary, and then there is no rest till it is out. Again it is more easy to cover up ignorance in this line than in the other specialties.

Dr. Charlotte Baker, San Diego: Dr. Van Slyck has struck the keynote about the mental effect of disease. In behalf of women patients, would say that I think the fault is with the physicians, it is easy to say she has some trouble. Had a case a few days ago who said she had a pain and that the doctor said she ought to have ovaries removed. On inquiry I found that the pain had not lasted long, was over the liver and nowhere else. Examination revealed perfectly healthy organs.

SOME CONSERVATIVE OPERATIONS UPON THE OVARY.

BY B. SHERWOOD-DUNN, M.D., LOS ANGELES, CAL.

LATELY ATTACHED TO BROCA HOSPITAL FOR WOMEN, PARIS, FRANCE; MEMBER OF THE SOCIÉTÉ CLINIQUE DES PRATICIENS DE FRANCE—AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, ETC.

Mr. President and Ladies and Gentlemen:

I think there is more capital surgery done in Southern California than probably in any other section of equal population in the United States. There are many reasons why this is so and doubtless will remain so.

In coming before this popular society, which comprises the best known and most distinguished members of the profession in the southern part of this State, I wish to make a plea for the conservation to the women who come to us for operations upon the ovaries, of any part of these organs that offers the hope of the continuance of the menstrual function.

It requires but a few years of observation to learn, what statistics from all the great hospitals for women show, and the leading specialists at home and abroad tell us, that the anticipation of the menopause by operative interference may leave the castrated woman subject to reflex disturbances that affect the functional activity of any, and sometimes all, of her remaining organs, and in some respects renders her life more miserable than before.

From observations made upon 500 cases, operated upon in Broca and St. Louis Hospitals in Paris, I found where the woman had prematurely lost both ovaries, that

* Read at the Eighteenth Semi-Annual Meeting of the Southern California Medical Society, held in Los Angeles, Dec. 2 and 3, 1896.

78 per cent. subsequently suffered a notable loss of memory, 60 per cent. were troubled by flashes of heat and vertigo, 50 per cent. confessed to a change in their character, having become more irritable, less patient, and some of them so changed as to give way to violent and irresponsible fits of temper, 42 per cent. suffered more or less from mental depression, and 10 per cent. were so depressed as to verge upon melancholia. In 75 per cent. there was a diminution of sexual desire, and some of these claimed they experienced no sexual pleasure; 13 per cent. were not relieved of the pain from which they suffered, 35 per cent. increased in weight, and some became abnormally fat. Some complained of a diminution in the power of vision; 12½ per cent. noted a change in the tone of their voice to a heavier, more masculine quality. Some 15 per cent. suffered from irregular attacks of minor skin affections. I particularly noted a few cases presenting chiefly gastric reflexes, where without any premonitory symptoms, or apparent cause, the stomach would reject food, or refuse to prepare it for intestinal digestion and the consequent distress following the fermentation compelled the patient to seek relief.

It is estimated that a woman, during the average menstrual life, throws off 350,000 ova. Assuming that all parts of the ovarian parenchyma enter equally into the generation of these bodies, it is readily seen that the least part preserved, be it ever so small, maintains the menstrual function and promises the possibility of motherhood.

I reported in the *Occidental Medical Times* for December, 1894, published in Sacramento, a case of a woman 36 years of age, mother of five children, who was operated upon in Broca Hospital, Paris, February 10, 1893, when one ovary was removed and the other resected, leaving part of it, and the tube to continue the menstrual function. September 12, 1894, or 19 months after, this woman was delivered of her sixth child, a 6½-lb. healthy girl, born at term in the maternity ward of that hospital.

October 16th of this year I operated upon Miss X, 28 years of age. I found both ovaries in a state of sclero-kystic and odematous degeneration, resulting from diffuse chronic ovaritis. The free border of each ovary, presenting the appearance of complete degeneration, were poly-kystic. At the base, and ascending about one-half the interior border of each, there were the characteristic marks of the corpora lutea, showing that these parts of each organ still performed their normal functions. After satisfying myself that the fallopian tubes were permeable, I resected all but these parts of each ovary, bringing the cut borders together by a continued suture of fine cat-gut, and leaving about one-third of each ovary in situ. The patient suffered little if any pain following the operation, and on November 1st menstruated a little in advance of her usual time, but of normal duration, though scant in quantity*. This patient has again menstruated, commencing the 28th of November, without the pain and nervous phenomena that has heretofore characterized her epochs, and she avers that the flow is freer and more abundant than in years past.

Another operation of equal if not greater conservative value to the ovary is that of ignipuncture, first practiced by my eminent master, Prof. Pozzi. It consists in destroying the diseased portion of the ovary by the use of the thermocautery.

In a paper before the International Medical Congress at Rome, March, 1894, Prof. Pozzi gives the following forms of ovaritis as amenable to this treatment:

Sclero-micro-kystic ovaritis.

Diffuse, edematous ovaritis.

Mégalo-kystic ovaritis.

The pathological distinction between these three, is that the first is an atrophic form, the surface of the ovary is corrugated or shriveled with irregular protuberances due to small serous or sanguineous kysts.

The second is notably augmented in volume, the surface glistening, of elastic consistency, and when opened the cut surface looks infiltrated and edematous. There may be superficial kysts, but they are not constant. This variety is often accompanied by a varicose condition of the veins of the tube and broad ligament.

The third form is characterized by large follicular kysts, or kysts of the corpora lutea, and it is necessary to distinguish in this last, whether they be normal or present sclero-micro-kystic degeneration.

The Paquelin thermo-cautery, furnished with the broad flat point or blade, and the round point, are best suited to the technique of this operation. The first can be used either as a cutting blade, or for puncturing, and the second is best suited to the ablation of small multilocular kysts, permitting of numerous punctures without destruction of the uninvaded parenchyma. The punctures should be of one or two seconds' duration, and it is better to make them too profound than insufficient, with the point at red heat only.

My observation of results in this operation has caused me to prefer resection, followed in some cases by cauterization of suspicious spots seen on the cut surfaces, in the first variety, sclero-micro-kystic ovaritis. In the diffuse edematous ovaritis, I use the broad pointed blade of the thermo-cautery, burying it profoundly in the ovary at three or four separate points, or drawing it deeply through the median line of the long axis of the ovary and afterward stitching the free borders together with cat-gut.

In the mégalo-kystic form, the round point of the thermo-cautery is the more serviceable, and care must be exercised to completely destroy the cicatricial tissue.

I operated last spring upon a case presenting this form of disease, obliterating two kysts in one, and one in the other ovary.

The patient was 36 years of age, married, and mother of three children. She gave a history of dysmenorrhea, with great nervousness, bordering on hysteria, preceding, and continuing to the close of each menstrual epoch. The ovaries were enlarged, hyperemic, and one of them somewhat distorted by the two approximated kysts.

This lady has lately returned from the East to spend the winter in this climate. She is free from the distressing symptoms formerly complained of, although still suffering some pain at the epoch, but not more, I think, than is ordinary. She has gained in health and weight, and is completely satisfied with the results of the operation. Upon examination, I found the ovaries of normal size and consistency, and free from the hypersensitiveness they possessed previous to the ignipuncture.

Bradbury Building.

DISCUSSION.

Dr. J. E. Cowles: There is no question but that there is too much sacrifice of ovaries; much attention has been drawn to the subject lately. Great gynecologists sometimes err in judgment as to what should be removed. The ovaries were resected in a patient of mine by Dr. Howard Kelley; she doesn't seem to be any better. I had advised their complete removal and think it would have been better. The paper is on the right line; if cysts are found, it is better to cauterize. Resection is better than the removal of the whole ovary.

Dr. Elizabeth A. Follansbee, Los Angeles: This subject is one of importance. All believe in the conservation of every organ possible. My experience when

the ovaries have been removed for serious cause has not been that of Dr. Dunn. The voice has not become masculine, nor has there been any tendency to masculinity (I have one case in mind operated upon in 1875, who is still a charming, womanly woman). Would suggest that loss of memory may be due to some other cause. If abdomen is opened and an ovary found, which can be benefitted by ignipuncture, and need not be removed, it may be very well. But if symptoms are serious enough to need operation, it will probably be better to remove all.

Dr. Dunn: At the present status of abdominal surgery it has always appeared to me that conservatism should rule. It would do no harm to open the abdomen a second time if necessary. The conservation of menstruation and the possibility of motherhood should be respected.

The statistics given were taken from French women; phenomena would perhaps be changed with Americans. I thought it unnecessary to state that I have seen many cases who were miserable before operation, who became happy and contented afterward. Some, when operation has been refused, have said they would commit suicide if they were not relieved from pain. I must say that I am wedded to conservatism and hope to see it more established.

A MEDICAL CREED.*

BY E. A. PRAEGER, M.D., LOS ANGELES, CAL.

Mr. President, Ladies and Gentlemen:

It is, I believe, the almost universal custom among religious congregations—no matter of what creed—during some portion of their worship to recite the peculiar articles on which their faith depends. In times gone by if any new doctrine arose, and sought to impose itself or was considered worthy of discussion, a council of the learned thoroughly debated it and reported pro and con, and the doctrine was admitted or rejected. If admitted it remained as an essential or desirable acquisition and those who were in the minority could try to believe it, or get out and create a schism, just as it might suit them best.

One of the Christian churches at least has from time to time revised its teachings, sometimes adding to and sometimes subtracting from what it was necessary to give credence to in order to keep an active membership in the communion.

Among the lawyers certain definite principles have been laid down some originally by statute, some by long custom, and others again by a process of evolution of statute and custom combined, and these principles are so settled that argument against them is hardly ever attempted, or if it is the enterprising person attempting the task finds it futile, for he will be speedily called down by the judge and informed that these have been settled by the combined wisdom of the ages.

In the engineering profession certain principles, with a foundation on mathematics, it is true, are accepted as settled beyond further argument, and are no longer debated.

Geographers accept the rotundity of the earth as a fact and no longer have the patience to argue or listen to the arguments of those flats who would insist on its being flat.

The essential difference between religion and law on the one hand and medicine on the other hand is that the two former are stationary while the latter is progressive.

*Read before the Los Angeles Co. Med. Association, Dec. 18, 1896.

As an able judge recently remarked while giving the introductory address at one of the well known medical colleges, if any of the most noted jurists of the last century could be resurrected, he would have no difficulty in resuming his place on the bench and giving as good if not better decisions than are given to-day, while it would be impossible for any of the great physicians of the same period if similarly resurrected to take up medical science as it is to-day without undergoing a good deal of study, unlearning a great deal that has been discarded, and learning a great deal that is new.

Medicine being a progressive science, it of necessity follows that we cannot absolutely follow religion and law, and have fixed creeds, but would it not be better for ourselves and a great deal better for some of our patients if we could agree that certain well grounded principles must at the present day be accepted by the medical profession without further question? Indeed if we could formulate some short medical creed embracing the essentials of our medical faith and recite it at our medical meetings—in unison—it might help to impress them on our minds and keep some of the weak-kneed brethren in the true faith—especially if we allow it to be understood that the peculiar doxy of the majority is orthodoxy, that of the minority heterodoxy—or in other words deadly (medical) sin.

Now, I do not want to be understood as advocating a narrow-minded profession, I do not want any council of great physicians, (perhaps great simply because they have succeeded in getting their names prominently before the public, or acquired wealth and influence) to dictate just what shall be prescribed for pneumonia, to determine the only, to them, legitimate manner of dealing with the stump of the removed appendix, or the exact number of hours a woman must endure the pangs of labor before she shall have the benefit of chloroform or forceps or both—that I repeat is far from what I wish; each practitioner should have the absolute right to treat his cases in any manner which commends itself to his judgment as being most suited to each particular case, provided that such treatment is in accord with what is recognized as scientific by a majority of his professional brethren.

The practitioner who fails to treat a case in this manner is liable at law on a charge of malpractice.

Matters that are in any wise *sub judice* I would not include at present in the articles of faith, but all such as have passed beyond legitimate doubt, or create no doubts in the mind of an educated reasonable man, and surely no other has a right to a place in our profession, to my mind should be insisted on with as great a rigor as the various religious bodies insist on, on the part of their adherents.

I do not propose to describe in full all that our medical faith should embrace, but I do wish to lay stress on the importance to all who practice medicine in these days of a firm faith in the newer but probably most important of all the branches of medical science.

The hopes of the future of medicine are centered in bacteriology, indeed it has become as was recently remarked to me by a colleague, the mathematics of our science. It is the knowledge that we have acquired from the bacteriologists that has revolutionized the art of surgery and medicine.

I commenced to study medicine before the days of antiseptics, and very limited surgery it was, and very dirty surgery, and attended with results which, were they to occur in the practice of a surgeon today, would probably make him take his life if his patients' friends did not save him the trouble by doing it for him.

You all know Lister's theory that suppuration was caused by germs in the air, to overcome which the spray was used. The spray did good, but not for the reason given by Lister, but his work and that of Pasteur practically evolved the bacteriologist, from whom we have learned that we can do better work by asepsis than by antiseptics. As a result of the earnest work of the bacteriologists, and notably through the experiments of Welch, of Johns Hopkins, we know that we need not fear anything so much as our own fingers and that no matter how carefully we cleanse or disinfect them they are only relatively sterile, so "that every operation in surgery becomes but an experiment in bacteriology."

Bearing in mind the disasters of the surgery of less than twenty years ago, as compared with the results obtainable today under a strict regime, considering how a knowledge of bacteriology is unravelling the mysteries of many of the diseases treated by the physician and in many instances not only explaining the causation but pointing to the means of cure, is it possible I ask to have no belief in this branch of science and at the same time to be an honest and capable practitioner?

If we believe, as I am sure the majority of us do believe what we are told by Welch and others as to the conditions underlying wound infection, can we I ask have too high an ideal of asepsis in surgery? Having a sufficiently high ideal of asepsis, are we likely on all occasions to live rigidly up to this ideal? I am afraid not; we rarely see an individual living up to what he proclaims as his ideal in any other path of life, and neither things we witness at our operations, nor statistics lead us to believe that we have yet commenced to ride our hobby to death.

Unfortunately some of the unbelievers are not small, unknown and unrecognised men, if they were they could and would probably be hooted down with the medical equivalent for the cry of "rats," whatever it may be.

A surgeon who enjoys notoriety on both sides of the Atlantic, and who is recognised as an authority on intestinal surgery, recently scored the believers in aseptic surgery for their ritualistic practices and for the fetish, the cause of offense being their multifarious washings, white aprons and in some cases rubber boots.

This gentleman sees no necessity for these repeated washings, and apparently jumps at the conclusion that it is a meaningless ritual with no substantial principle behind it. He says it is not surgery; well, to that extent he is right, but the repeated washings are a very necessary preparation for surgery. Of course, a man may have a very high ideal of asepsis and be but a poor operator, but it is far more probable that a poor operator has little if any ideal of asepsis.

The gentleman in question is not criticising his own countrymen, who from all accounts could stand a good deal without inflicting any injustice on them, but he emphatically denies the sense of the elaborate precautions and makes the assertion that statistics show the results to be as good by his somewhat slovenly method of preparation, and remarks that results show whether the work has been good.

Now, it so happens that in the same city in which this gentleman resides is a hospital specially devoted to the surgical diseases of women, and before some of us give up our fetish or ritual or fad or whatever he chooses to call it, we should like to be informed what caused the woeful mortality of 49 per cent. after abdominal operations, even exploratory incisions proving fatal, if it was not dirt on the part of the operators?

Alluding to the preparations, he says: "This exhibition may be scientific, but

it is no part of surgery. It is more allied to a fervent idolatrous ritual brought down to the level of a popular performance."

Now, as this gentleman has evidently not learned nor taken to heart the teachings of bacteriology, for he says "the surgical ritualists appeal to the infallible tests of the bacteriological laboratory, and bring forth, as conclusive evidence, an array of cultivations and of inoculated tubes," is it any wonder that, not believing the things that can be seen, he refuses to believe those that he cannot see, and is not in favor of early abdominal incision in cases of appendicitis? If we cannot trust the bacteriologists regarding what they tell us about germs, some of them virulent, having a natural habitat in the skin, we cannot trust any other of their assertions, and in a similar manner it is fair to conclude that if this eminent authority is not to be trusted in his remarks on bacteriology, which has become the very foundation of our science and art, he is not a safe man to trust in any other opinions to which he gives utterance.

The arguments used by so many of these medical unbelievers that success was not unknown in surgery before bacteria were known, and that it is the soil which must be favorable for their cultivation, does not amount to a hill of beans, and can capture only like unbelievers or the ignorant or the wilfully blind. Nor is their statement with respect to success in surgery true in the manner they seek to imply. It is true that a certain amount of success was the result of the surgery of the pre-antiseptic age, but what a very limited field surgery offered—amputations, lithotomies, excisions of joints and breasts, the latter two requiring months of after treatment, formed a great proportion of the surgery. The successful termination of an abdominal operation was little short of a miracle, as a reference to the statistics of those days will readily prove.

Granting that the suitability of the soil plays an important part as bacteria in wound infection, how are these gentlemen going to prove its suitability, or unsuitability, without incurring the risks of serious infection which a rigid asepsis alone is able to minimize?

Is not the ounce of prevention (strict asepsis) better than many pounds of cure for suppuration?

Can these gentleman not understand that the rubber shoes and waterproof apron, if worn, are for the protection of the operator, while the sterilized cotton apron is for the protection of the patient? Have they any more right to ridicule the surgeon's operating attire than we have to remark on the tall silk hat, frock coat, lemon colored gloves and the peculiar cut of the whiskers, which are *de rigueur* for the representative medical man. Probably there is no subject, no matter how grave, but could form a target for the shafts of ridicule and coarse jests, but have we not reached a stage when we should regard all such levelled at the fundamental principles of our profession as serious blasphemies.

But it is not only at the bacteriology in its surgical aspects that we find some of our members disposed to kick. They carry the war into the realms of medicine, some so far forget themselves as to address the lay press, in which they pose as eminent authorities, who have made a life-long study of their subject.

I am not exaggerating—take any of the numerous medical journals—and it is even betting, that you find some one taking it for granted that the Klebs-Loeffler bacillus plays no part in diphtheria, or is only an accidental circumstance.

Take tuberculosis, it is not long since a local paper had numerous articles with the object of disproving the communicability of that disease, and ridiculing the idea of its being so regarded and its taking a place among diseases notified to the health officer, etc., *ad nauseam*. All this is bad enough, but unfortunately

the matter does not rest here; these gentlemen make assertions and issue challenges to others to disprove their position, and then to throw a halo of science around them misquote eminent men. I have in mind a paragraph or two to the effect that one of the greatest clinicians of the age has expressed himself that though the study of the tubercle bacillus has rendered plausible the doctrine of tuberculosis being a communicable disease, the weak link in the chain is in the fact that clinically there never had been any evidence to that effect!!!

Those of you who choose to carry your recollection back to a period ante-dating Koch's discovery of the bacillus tuberculosis, will I am sure bear me out in my statement that when we knew little or nothing of the disease pathologically, several eminent authorities had already drawn attention to the fact that clinically phthisis appeared to be an infectious disease.

Mr. President, these gentlemen are as much entitled to their opinion as I am to mine, but when their opinions are so much at variance with what we call science, and what is accepted as science by competent observers, not men making mere assertions or denials—I contend they have no right to row in our boat. Their erroneous opinions will not hurt us personally, though they may be able to swell their ranks by the addition to them of men of a low order of intelligence—a class we do well to get rid of—but they do uncalculable harm because they captivate the public, who have no knowledge of things medical, and seriously interfere with medical reform and sanitary reform. These men have lungs that carry their voice further than those of a hundred good men combined. If they could be silenced or forced beyond the confines of regular medicine, we might speedily hope to obtain that without which no city government is complete—a skilled bacteriologist attached to every health department. Is it any wonder that the public holds our profession in contempt, and taunts us with the assertion “that doctors differ,” when men who presume to travel the same paths as we do, openly proclaim their disbelief in truths we hold dear? Can we expect the public to provide the funds for the necessary officials for an efficient health department and its own protection, when there are so many wolves in sheep's clothing—for, for the purposes of a newspaper article every one calling himself doctor is an authority, and the public is unable to distinguish between doctors and doctors.

We do not admit to our ranks those who differ from us in rational therapeutics and set up for themselves the false gods—homeopathy and eclecticism—why then should we allow to continue among us those whose heresy is worse. The public, who know nothing of the validity of the arguments in favor of rational medicine, probably think us narrow-minded in not embracing with open arms all who profess the healing art—no matter of what creed—but does that same public show the “so-called” charity they would have us exhibit in any of the other departments of life?

Does any of the Christian churches retain in membership one who absolutely refuses to accept an essential point of doctrine?

Would the lawyers retain a member who openly expressed the opinion that no set of men had a right to pass laws, anarchy—and that he would not be bound by any law on the statute book?

Would a society of engineers retain a member who vaunted his views that two and two do not make four? Then why should we.

I have dealt with but one article of our faith, and there are others, which time does not permit me to mention.

Bradbury Building.

SELECTED.

DEPARTMENT OF SURGERY.

UNDER THE CHARGE OF JOS. KURTZ, M. D., PROFESSOR OF CLINICAL SURGERY IN
THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN
CALIFORNIA, AND CARL KURTZ, M. D.

EPITHELIAL SOWING: A NEW METHOD OF SKIN-GRAFTING. (*Philadelphia Polyclinic.*)—Von Mangoldt, of Dresden (*La Semaine Méd.*, XV., 1895, p. 520), employs the following method of skin-grafting: First, he selects the part from which the grafts are to be removed, preferably the inner or outer surface of the arm; then, after thoroughly cleansing and antisepticising the spot, the razor is sterilized and held perpendicular to the skin, the epidermis being scraped away until the papillary layer is reached. In this way a magma is obtained, being composed of extravasated blood and epithelial cells, which is placed upon and pressed into the part to be treated. At times the author first scarifies the part to make sure of adherence. After the foregoing, strips of adhesive dressing are placed over the part. This method, to which the author has given the name of "epithelial sowing," is said to have advantages over the Thiersch method in that no pockets of necrotic tissue are closed in by the new-formed skin. After the fifth day the dressing is changed every two days, and the wound gently irrigated with sterile and warmed normal salt solution, and towards the end of the third week the surface shows a normal appearance.

VERTEBRAL CARIES. (*American Journal of the Medical Sciences*, May, 1895.)—Dr. Thorburn gives the following indications for operation:

1. A steady increase in symptoms in spite of favorable conditions and treatment.
2. The presence of symptoms which directly threaten life.
3. The persistence of symptoms in spite of complete rest is the indication which has been most generally adopted.
4. In posterior caries (caries of the arches) operation is clearly indicated, as here we can readily both treat the paraplegia and remove the whole of the tuberculous tissue.
5. The existence of severe pain, if the patient is being exhausted thereby.
6. Children, as a rule, yield better results than do adults.

USE OF COCAINE. (*Codex Medicus.*)—

1. The use of cocaine should not be abandoned because its irrational employment has produced deleterious results.
2. Always make a thorough physical examination of the patient before injecting the drug.
3. It should not be used in cases showing organic diseases of the brain, heart, lungs or kidneys, or in persons of neurotic diathesis.
4. Children bear it fully as well as adults.
5. The patient should always be placed in a recumbent position prior to employment.
6. Constriction should be used whenever possible to limit the action of the drug to the desired area.
7. Use a freshly prepared solution for each case.
8. Distilled water should always be employed, to which pheniz, salicylic, or boric acid should be added.
9. A two per cent. solution has a better effect and is safer than solutions of greater strength.

10. Never inject a larger quantity than one and one-eighth grains when no constriction is used.

11. About the head, face and neck one-third of a grain should never be exceeded.

12. When constriction is possible, the dose may be as large as two grains.

13. Every slight physiological effect is not necessarily to be taken as cause for alarm.

14. Cocaine does have effect upon inflamed tissues.

15. In case alarming symptoms occur, use amyl nitrite, strychnine, digitalis, ether or ammonia.

LOCAL ANESTHETICS. (*Bulletin Medical*, 1896.)—Dr. Loup says that when a fluid is injected under the skin the nerve filaments are rendered insensible by driving away the blood and temporarily preventing its return, producing an anemia. Dr. Loup, acting on this principle, has succeeded in producing an anesthetic area by means of a perfectly neutral substance—sterilized olive oil.

A NEW STYPTIC, accidentally discovered by Dr. Roswell Park, is formed by the combination of antipyrine and tannic acid in almost any proportion. The resulting compound is sticky and may be applied on a sponge.

MALIGNANT TUMORS. (*Kansas City Med. Record*.)—Dr. Senn says the essential features of the modern treatment of malignant tumors may be summed up as follows: "Operate early and thoroughly. The treatment of unoperable sarcoma by injections of the sterilized toxins of the streptococcus of erysipelas and the bacillus prodigiosus has not had the expected results."

CÆSAREAN SECTION: SUTURE OF THE UTERUS VERSUS TOTAL EXTIRPATION. (*Medical News*, May 30.)—Dr. Henry C. Coe says the following are the advantages that the radical operation presents: 1. Rapidity of execution. Ligation of the broad ligaments and separation of the bladder are more easily accomplished than the same steps in an ordinary hysterectomy. In one of the writer's cases of celiotomy for rupture of the parturient uterus, clamps being used, it required only five minutes; another in which ligatures were used required ten minutes. It is not necessary to elevate the patient in Trendelenburg's posture. Time is often a very important factor. There is no more shock or loss of blood than after suture of the uterus. 2. By removing the entire uterus we are reasonably sure that no infected tissue remains. In one Porro case the patient recovered, but the cervix, being infected, sloughed out entirely. Free drainage *per vaginam* may save the most desperate case. No sutures are left to give subsequent trouble. 3. Neoplasms of the ovaries, or uterus, or diseased appendages are removed at the same time. Removal of the adnexa after Cæsarean section always seems fraught with considerable danger, since the large soft stumps, with their distended veins, are exposed to more or less traction during uterine contractions. Fibroids apparently not large enough to justify a Porro operation are left behind to cause future trouble. 4. Convalescence is quite as rapid as when the uterus is sutured. Dr. Coe says that in his experience the objection with regard to weakening of the vaginal roof by removing the cervix is largely theoretical, in puerperal hysterectomy as well as in total extirpation for any cause. The writer says he has found no case of vaginal enterocele among one hundred cases of his own or those of his friends who practice total extirpation. He concludes by saying that the indications for Cæsarean section are becoming every year more closely defined, and the operation will probably be more rarely performed in the future. Total extirpation has the additional advantage of preventing the risk of a second operation.

OBSTETRICS AND GYNECOLOGY.

UNDER THE CHARGE OF WALTER LINDLEY, M.D., PROFESSOR OF GYNECOLOGY
IN THE COLLEGE OF MEDICINE, UNIVERSITY
OF SOUTHERN CALIFORNIA.

SILK WORM GUT SUTURES. (Goelet in *Medical Record*.)—Next I use silk worm gut, which has been especially prepared so as to render it pliable and easily tied. I do not think cat-gut, silk, or any suture which is not impervious, should be used in plastic work about the cervix. The silk worm gut is prepared in this manner: Each strand is carefully wiped off with gauze or cotton saturated with ether, and a number of strands are put into a glass tube of suitable length, the ends being stopped with rubbered corks. The tube is filled with two per cent. solution of lysol, one end is left uncorked, and it is placed in a sterilizer in which the solution in the tube can boil for half an hour. The lysol solution makes the silk worm gut very pliable so it can be tied as easily as cat-gut, and in addition it renders it thoroughly aseptic.

CAT-GUT SUTURES.—I have had two cases of secondary hemorrhage in plastic work on the cervix where cat-gut had been used. Since those cases have used cat-gut and finally fortified the work by a silver suture in each side. Silk worm gut, as recommended above by Dr. Goelet, would do well in place of the silver sutures. The cat-gut is prepared for me as recommended by Garrigues and others. It is cut into threads 26 inches long. These threads are each one coiled and fastened with a slip knot or, as some prefer, wrapped around a glass reel.

These coils or reels, in whatever number may be desired, are placed in a glass jar or open mouth bottle, with a screw top. Alcohol is now poured in until the cat-gut is well covered. The mouth of the bottle is filled with cotton and the screw top laid on loosely, thus preventing the evaporation and wasting of the alcohol, but not taking the risk of an explosion that would be incurred if the top were screwed on. The bottle is set in a pan or kettle of water to boil. After the alcohol in the bottle has boiled for half an hour, a sterilized cork is put in the bottle, and it is put to one side for use, the cat-gut remaining in the alcohol in which it had been boiled. From time to time as the cat-gut is needed the number of coils required are removed from the bottle with sterilized forceps.

As an instance of the short time that cat-gut can be depended upon. In a recent operation for suppurative appendicitis I sutured the superior portion of the incision in the peritoneum for about an inch, and left the ends long and hanging out of the wound. In 48 hours these ends dropped off.

SALPINGITIS, ACUTE CATARRHAL. (*Medical Record*, Nov. 21, 1896.)—Dr. Hiram N. Vineberg recommends absolute rest in bed, opium per rectum to alleviate the pain and subdue the peritonitis, daily enemata to remove the contents of rectum and mildly excite the peristalsis of the upper bowel, light nutritious diet, and ice applications to the abdomen if they be well borne; if not, the ice to be replaced by a Priessnitz compress. In the majority of cases after the acute symptoms have subsided, it is advisable to do a thorough curettage under narcosis. * * * * It is well to tell the patient at the outset that if she desires to give herself the best chance of a permanent cure she must be willing to remain in bed four, five or six weeks and longer if the conditions require it. Then for a period of some weeks, she ought to remain comparatively quiet, walking about in the room, but not going up or down stairs, and lying down for an hour in the forenoon. * * * * The tube remains somewhat thickened, and

in many cases, no doubt, is sealed at the abdominal end; but it is not sensitive, and is no cause of discomfort to the patient. * * * In my opinion recurrent attacks after the patient has been subjected to proper treatment call for surgical interference; and now the sooner the tube is removed the better.

ACUTE UTERINE INVERSION. (*The Lancet*, August 29, 1896.)—Dr. John W. Walker reports the following case: Labor began at 10 P. M., and at 2:15 A. M. the child was born. Immediately afterward the physician placed his hand upon the patient's abdomen and found the uterus quite firm. While tying the cord the patient gave a loud scream as if in sudden, violent pain. Her face was pallid, large beads of perspiration came out on the forehead; the pulse became very small and rapid, and the skin cold and clammy. On examination, the whole uterus was found lying outside the vulva with the placenta attached, but little or no hemorrhage taking place. A hypodermic injection of ether was given and the pillows removed from under the head. The placenta was peeled off and attempts made to reduce the inversion. When the uterus was returned to the vagina and nearly everted, strong contractions again inverted it. Assistance was summoned, and with the aid of chloroform anesthesia the inversion was completely reduced. Hot intra-uterine injections caused the uterus to contract firmly, and no subsequent trouble occurred.

CLOTS IN ABDOMINAL CAVITY.—At a recent meeting of the Chicago Gynecological Society, during the discussion of a case of ectopic pregnancy in which a quart of normal salt solution had been used subcutaneously, Dr. M. L. Harris said: I think the blood, either the clots or liquids, should not be removed from the peritoneal cavity. It is equivalent to so much transfusion, and, if no infection takes place, the patient recovers more quickly, and the blood is reutilized by the system by being left in the peritoneal cavity. That is a point which has been demonstrated experimentally. I have seen a patient with ruptured tubal pregnancy operated upon where the peritoneal cavity was filled with blood and the patient almost moribund—pulseless. The tube was quickly grasped and ligated, requiring scarcely five minutes, all the blood left in the abdomen, and the patient recovered. I had a case about a year ago of secondary hemorrhage following operation in the abdomen. The abdomen was quickly reopened, the bleeding points secured, and the blood left. The patient recovered.

WHEN TO USE SALT SOLUTION. (*American Gynecological Journal*).—Dr. Harris also said: I think it useless to transfuse as long as the bleeding point is still unsecured; we are simply putting more fluid into circulation to aid the heart to pump out what little blood is left.

PUERPERAL SEPSIS. (*Virginia Medical Semi-Monthly*).—In a discussion on the subject at the Richmond Academy of Medicine and Surgery, Dr. Arthur Jordan spoke of a case, in which he had successfully used creatin, bichloride of mercury, peroxide of hydrogen and hydrozone. The peroxide was more efficient than the first two, but pus was more diminished by two injections daily of hydrozone than three of peroxide. The president, Dr. Landon B. Edwards, stated that in his practice a vaginal douche of hydrozone (Marchand) prevented the third day fever of the puerperal state. His experience had shown the great value of intra-uterine injections of hydrogen peroxide and hydrozone—simply keeping the os uteri well dilated so as to give free egress to the foaming pus, etc., that pours out. He uses a half pint to a pint each injection—diluted or not—with water.

MEXICAN OBSTETRICS. (*Medical Record*).—At the late Pan-American Congress, Dr. Capetillo, of Mexico City, read a paper saying dystocia from maternal causes was comparatively rare in Mexico, and especially so was that from

narrowed pelvis in consequence of rickets or osteomalacia. Dystocia was sometimes caused in the native (Indian) women by reason of the great narrowness of the vulva and rigidity of the perineum in them as compared with women of Spanish blood. Dystocia sometimes occurs in consequence of the premature rupture of the bag of waters, resulting from the common use of the Montana fomentosa, or "Zoapatl." Placenta previa and procidentia are rather common causes of dystocia.

EYE, EAR, NOSE AND THROAT.

UNDER THE DIRECTION OF W. D. BABCOCK, A.M., M.D., PROFESSOR OF DISEASES OF THE NOSE AND THROAT, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

THE SELF-DEFENSE OF NASAL CAVITIES AGAINST THE BACTERIAL INVASION. (*Thèse de Paris*, 1896.)—Piaget: In the normal state the nasal cavities are free from microbes, except the anterior part and vestibule. The culture of nasal mucus collected in the remote parts is sterile; the nasal cavities are normally aseptic. That asepsis is the result of the structure of the canal, of the ciliated epithelium, and especially of the bactericidal properties of the nasal mucus. That bactericidal action is absolute for carbuncle bacteria, very marked for Loeffler's bacillus and less marked for staphylococcus and streptococcus. This asepsis explains to a certain degree the immunity of nasal operations.

RETRO-PHARYNGEAL ABSCESS IN CHILDREN. (*Thèse de Paris*, 1896.) Thoyer-Razat. In his thesis Thoyer studies especially the idiopathic abscess, leaving apart the symptomatic. These suppurations are more frequent than is supposed; the insidious origin—the serious complications—make these abscesses a dangerous lesion. He relates numerous cases of sudden death. This accident is due to spasms caused by compression of nerves or by reflex action. After describing this symptom he discusses the treatment and advises incision through the mouth, the external opening being reserved for abscesses deep or laterally situated—or in case of spasm of jaw preventing opening of the mouth.

BACTERIOLOGY OF THE NOSE.—Kemperer. He cannot confirm the statements of Wurtz and Lermoyez as to the bactericidal properties of nasal mucus. Unlike these authors, he experimented not with anthrax bacillus, but with the bacteria which he had previously cultivated from the nose whose mucus he was testing. At first they did not grow well and even diminished to some extent in number, but soon grew accustomed to the mucus and multiplied in it. Extinction was never observed.

CORRESPONDENCE.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

(Regular meeting, Dec. 4, 1896, the president, Dr. H. G. Bramer, Jr. in the chair.)

Dr. R. W. Miller, Chairman of Committee on Contract Practice reported as follows:

We have called upon about forty physicians in the city, and we find that while most of them admit that contract practice done for lodges works injustice in many cases and is in conflict with Article One (1), of Section Three (3) of Code of Ethics of A. M. A., yet we are undecided as to the practicability of suppressing it, and we recommend the sending out to all the legalized practitioners of medicine in Los Angeles county the following resolutions:

WHEREAS, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Los Angeles county, California, enter into the following agreement:

FIRST—We mutually, jointly, and individually, pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization for less compensation than we charge the general public for similar services;

PROVIDED ninety per cent. of the legal practitioners in the county sign the same.

SECOND—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above mentioned bodies.

THIRD—These pledges shall take effect and be in force for a term of three (3) years from and after February 1, 1897.

This agreement shall not apply to hospitals and purely public charitable institutions.

[Signed by]

R. W. MILLER,	} Com.
A. J. SCHOLL,	
F. D. BULLARD.	

After a free discussion the report was adopted unanimously.

Drs. W. LeMoyné Wills and H. Bert Ellis gave interesting reports of their sojourn in Mexico during the Pan-American Medical Congress.

Dr. Geo. J. Lund was elected to membership.

(Regular meeting, Dec. 18, the president in the chair.)

Secretary reported that the resolutions concerning contract practice had been sent out on return postal cards.

Dr. E. A. Praeger read the paper of the evening, "A Medical Creed." (Page —.)

In the discussion of the paper, Dr. Wills and MacGowan canvassed local politics, Dr. Wills especially advocating working for the new charter as a step toward securing a city bacteriologist.

The following officers were elected for the ensuing year: President, Dr. E. R. Smith; Vice President, Dr. J. E. Cowles; Secretary, Dr. Rose Talbott Bullard; Assistant Secretary, F. D. Bullard; Treasurer, Dr. A. L. Macleish; Trustees, Drs. F. T. Bicknell, G. W. Lasher, H. G. Brainerd, W. W. Hitchcock, Elizabeth A. Follansbee, E. R. Smith and W. L. Wills. ROSE T. BULLARD, Secretary.

LICENTIATES OF THE CALIFORNIA STATE BOARD OF EXAMINERS.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Oct. 6, 1896, the following were granted certificates to practice medicine in this State.

BEACH, WOOSTER, 4433, Los Angeles, Coll. Phys. & Surg., N. Y., March 1, 1854.
 BOYNTON, CHAS. E., 4434, San Francisco, Coll. Med. Univ. Syracuse, N. Y., June 14, 1888.
 CHAPMAN, W. S., 4435, Denver, Colo., Med. Dept. Univ. Colorado June 4, 1896.
 CLINE, JOHN WESTEY, (second certificate), 4436, Santa Rosa, Bellevue Hosp. Med. Coll., N. Y., March 26, 1894.
 CURL, HOLTON C., 4437, San Francisco, Iowa Coll. Phys. & Surg., Des Moines, Ia., April 6, 1893.
 FLINN, MICHAEL, 4438, Portland, Or., Med. Dept. Willamette Univ., Or., March 4, 1872.
 FONNER, Wm. H., 4439, San Francisco, Jefferson Med. Coll., Pa., March 29, 1884.
 GREENE, LUCIUS L., 4440, New York City, Bellevue Hosp. Med. Coll., N. Y., March 23, 1896.
 HINKLE, MILLARD G., 4441, Stockton, Jefferson Med. Coll., Pa., May 15, 1896.
 HOWARD, EDWARD S., 4442, San Francisco, Jefferson Med. Coll., Pa., May 15, 1896.
 HUNIG, FREDERIC H., 4443, Los Angeles, Bellevue Hosp. Med. Coll., N. Y., March 23, 1896.
 HUNT, T. W., 4444, Lawrence, Kan., Jefferson Med. Coll., Pa., May 9, 1894.

- JONES, CAP. C., 4445, New York City, Baltimore Med. Coll., Md., March 30, 1893.
 KRYSTOFOVICH, THEOD., 4446, Cucamonga, Univ. of St. Vladimir, Russia, March 17, 1882.
 MAYER, IGNATZ, 4447, Guthrie, O. T., Medico-Chirurg Coll., Pa., May 11, 1894.
 MORRIS, JNO. K., 4448, Los Angeles, Hosp. Coll. Med., Ky., June 17, 1891; Jefferson Med. Coll., Pa., May 9, 1894.
 MULLER, ALFRED CARL, 4449, Bridgeport, Univ. Munich, Bavaria, Germany, July 7, 1892.
 ORR, ALEXANDER 4450, Fair Oak, Kentucky School of Med., Ky., June 30, 1881.
 POEHNER, A. A., 4451, San Francisco, Med. Dept. Univ. Pennsylvania, June 7, 1894.
 ROTH, JULES F., 4452, Los Angeles, Baltimore Univ. School of Med., Md., March 30, 1892.

MEDICAL DEPARTMENT UNIVERSITY OF CALIFORNIA.

- ANDERSON, HELEN O., 4453, San Francisco, May 13, 1896.
 BECK, HENRY M., 4454, San Francisco, May 13, 1896.
 BOTSFORD, MARY E., 4455, San Francisco, May 13, 1896.
 MACCALLUM, H. J., 4456, Big Pine, July 13, 1895.
 NEWMAN, ALFRED, 4457, San Francisco, May 13, 1896.
 ROCHEX, JOSEPH, 4458, San Francisco, May 13, 1896.
 SCOTT, FLORENCE, 4459, San Francisco, May 13, 1896.
 HOLBROOK, GEO. S., 4460, Brown's Valley, Cooper Med. Coll., Cal., Dec. 6, 1894.

At a meeting of the Board of Examiners of the Medical Society of the State of California, held Nov. 9, the following certificates were granted:

- ABBE, BURN REEVE, JR., 4461, Los Angeles, Coll. Phys. & Surg., N. Y., June 12, 1895.
 ALEXANDER, EDMUND B., 4462, Hedges, Med. Dept. Univ. Penna., June 7, 1894.
 BEESON, EDWARD G., 4493, Los Angeles, Iowa Coll. Phys. & Surg., Ia., April 4, 1894.
 BRIERLY, CONANT B., 4464, Toland Med. Coll., Cal., Hawthorne, Nev., Oct. 2, 1866.
 BURNS, OLIVER S., 4465, Los Angeles, Kentucky School of Med., Ky., June 30, 1885.
 CAVEN, CHAS. LEE, 4466, Los Angeles, Coll. Med. Univ. Southern Cal., June 3, 1896.
 FEDER, ADELINA M., 4467, San Francisco, Med. Dept. Univ. Cal., July 13, 1895.
 GIANINNI, A. H., 4468, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 HELGERSON, SEGRID, 4469, San Francisco, Minneapolis Coll. Phys. & Surg., Minn., April 11, 1894.
 MARQUIS, F. P. C., 4470, St. Paul, Minn., Victoria Coll., Coburg, Canada, April, 1886.
 SMITH, SAMUEL F., 4471, San Jose, Med. Dept. Univ. Michigan, March 26, 1873.
 TRASK, HENRY C., 4472, San Francisco, Med. Dept. Univ. Cal., May 13, 1896.
 VICKREY, JAMES, 4473, So. Bend, Wash., Med. Coll. Indiana, Feb. 25, 1886.
 WHITMORE, JOHN E., 4474, Sacramento, Bowdoin Coll. Med., July 11, 1878.

CHAS. C. WADSWORTH, M. D., Secretary, 518 Sutter Street, San Francisco.

THE Manual of Phonography. By Benn Pittman and Jerome B. Howard. The utility of shorthand in the business and professional affairs of life is more and more evident as time goes on. There is, however, no necessity for any one remaining ignorant of so useful an art, even though he have no teacher, while so excellent a work for self-instruction as the Pittman-Howard Manual is in existence. This book, though it has been in use for over forty years, has been kept new and abreast of the times by frequent revisions. The subject is so logically and plainly developed that any one of the ordinary intellectual grasp can readily comprehend the principles of the system, and by faithful practice according to the directions clearly laid down, become a practical shorthand writer. Published by *The Phonographic Inst. Co., Cincinnati, O.*

WE have just received a copy of "Our New President's March," composed by Juliet S. Norton. It is dedicated to the Republican party of the United States. The title page contains a correct picture of McKinley. Price, 50 cents per copy. All readers of our paper will receive a copy at half price, by sending 25 cents in postage stamps to the Union Musical Co., 265 Sixth avenue, New York.



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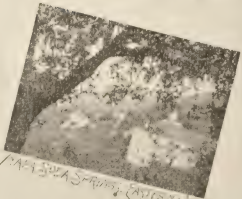
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SOUTHERN CALIFORNIA PRACTITIONER

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Editors and Publishers Southern California Practitioner.

243-246 Bradbury Block, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

EDITORIAL.

A NEW ORDER.

There is a new enterprise on foot in Los Angeles. An up-to-date fraternity man has concocted a scheme, which will be profitable at least to himself. The plan is as follows: There is to be an association of 300 families, each of whom are to pay \$15 per year in return for all medical services. Three dollars per family goes to the manager, and the rest is divided among the physicians of whom there are to be six. Five, we understand, are already selected, one a homeopath, one a supposed reputable physician, three are quacks, and the fourth candidate for professional prostitution has not yet materialized. The plan of the organizer is to obtain a recruit from the new comers or from the financially embarrassed among the older men. He confidently counts on want or cupidity soon giving him an available man.

To prevent an unfair advantage being taken over the association physicians it is agreed that obstetrical services are not to be included until a family has been a member over nine months. The six doctors ought to feel very grateful for this provision, else the newly married might join the organization and overwork the obstetricians. Such thoughtfulness on the part of the promoter is rarely displayed to medical men.

But seriously this is the beginning of the end of professional independence unless the medical fraternity resist the innovation at once

and en masse. For if this new organization makes the advance the next decade that the free doctor lodges have the last, it will number 10,000 families in this city within ten years.

That reminds us, sign the pledges the county society has sent to all practitioners in the county in reference to contract practice.

The step from contract doctoring of the man to that of the entire family is but a short one, and involves no principle.

THE CONSUMPTION SCARE.

Dame Rumor is at work again and insists that Southern California is severely afflicted with phthisis. In 1892 an English author in a work on Geographical Pathology by comparing the total number of registered deaths from consumption with the total population came to the conclusion that that disease was excessively prevalent in this section. After several months' investigation we showed, in a pamphlet published in June, 1893, that there was a great difference between apparent and actual mortality in Southern California. This State bears the same relation to the union that the hospitals do to our large cities, and of course the death rate is high. The death rate from phthisis per 1,000 population is for the United States 2.45; the apparent and official for Los Angeles, 3.18; but ruling out those who brought the disease with them, and including natives and residents of six years' standing, the death rate for consumption is .07 or thirteen times as small as that of the nation as a whole.

Since '87 but 5.26 per cent. of the deaths from this disease occurred among natives of Los Angeles, and 11.63 per cent. among the natives of the Pacific coast. And in Southern California at large only 3 per cent. of the decedents from consumption were natives. Again, the Los Angeles County Hospital shows that while 7.3 per cent. of all the inmates were Californians, of the consumptives not quite 3 per cent hailed from this State. So the panic in Southern California is all in the eye of editors who are somewhat jealous of the advances made in the southern part of California.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The recent meeting of the Southern California Medical Society was remarkable for the number and character of the papers read. The attendance of local physicians was fair. San Diego was well represented by Drs. Fred and Charlotte Baker and Drs. Abbott, Burnham, Hearne and Parker. Considering its proximity we would have expected a larger attendance from Pasadena. We noted Drs. Van Slyck, Hull, Briggs and Tyng as present. Other out-of-town members present were: Drs. Garcelon and Smith, of Pomona; Drs. Wood and Cuthbert, of Long Beach; Dr. Bard, of Ventura; Dr. Browning,

of Messina; Dr. Ball, of Santa Ana, and Dr. Kelsey, of Santa Paula.

The papers will all be published, as well as the discussions, in the PRACTITIONER. So our readers are assured of extra good material for some time to come.

It is to be hoped there will be a larger attendance at the next meeting, which will be held in June in Santa Ana.

EDITORIAL NOTES.

DR. F. M. SEIBERT, of Chino, has decided to locate at Randsburg.

DR. O. T. PRATT, of San Bernardino, has removed to Los Angeles.

DR. BRADBURY, of Montecito, has returned from a visit in New York.

DR. JOSHUA MARKS has returned to Ventura, after an absence of about a year.

DR. A. A. GLASSCOCK, late of Lompoc, has removed to Ventura for the practice of his profession.

DR. W. H. PENDLETON, of Rivera, was recently badly shaken up, but not seriously injured, in a runaway.

AT the last meeting of the Orange County Medical Society, Dr. J. P. BOYD read a paper on Dysentery.

WE are in receipt of a neat little brochure on Tongaline, being a brief treatise on rheumatism, neuralgia, la grippe and kindred diseases. The time of the year makes its perusal instructive.

DR. MELVIN A. BRESEE, who has been a member of the County Hospital staff, has tendered his resignation, and will leave for Durango, Mex., to accept a position as physician at a silver mine.

WM. WOOD & Co. have just published a pretty photogravure, entitled, "Anesthesia." We are in receipt of the same, which while not according to the most approved method of modern administration of ether, quite aptly describes that of Morton's time. It is more artistic than scientific, and hence all the better as a picture.

AT the last meeting of the Pasadena Medical Society, Dr. CHARLESS L. KING made an earnest plea for the more general use of hydrotherapy in medicine. Formerly it was relegated to empirics or quacks; now it is being more generally recognized by the profession, and our ablest physicians are recommending it in not only acute troubles, but especially chronic cases. He mentioned a large number of diseases in which its use had been followed with good results, and he counseled all present to give more attention to it. An interesting discussion followed.

BOOK REVIEWS.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, and Specially Prepared Articles on Treatment by Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M.D. Philadelphia: J. Mitchell Bruce, M.D., F.R.C.P. London: David W. Finlay, M.D., F.R.C.P., Aberdeen. Vol. II., Sixth Series. 1896. J. B. Lippincott Company. 1896.

The patrons of International clinics need no long eulogiums to have them purchase the volumes. The general character and scope of these works are familiar to all. The appearance and general make-up has of late years been considerably improved. This is especially true of the illustrations. The seven large plates in Cattell's article on the diagnostic value of Röntgen's discovery are as fine as any we have seen. Another article exceptionally well illustrated is one by Greene, of St. Paul, which describes the Schott method of treating heart disease. Godlee, of London, gives one of the most exhaustive clinics on diseases of the middle ear. This, too, is judiciously illustrated. There are 43 contributors chosen, as usual from well known clinicians.

A SYSTEM OF GYNECOLOGY BY MANY WRITERS. Edited by Thomas Clifford Allbutt, A.M., M.D., LL.D., F.R.C.P., F.R.S.; F.S.A. Regius Professor of Physic in the University of Cambridge, Fellow of Gonville and Caius College, and W. S. Playfair, M.D., LL.D., F.R.C.P., Professor of Obstetric Medicine in King's College Hospital, New York. The Macmillan Company. 1896. \$6. With Allbutt's System of Medicine, \$5; bound in $\frac{1}{2}$ -leather, \$7 and \$6.

As will be seen by the announcement, this book is but part of a system of medicine by Clifford Allbutt, a man to whom the medical profession owe a debt as the originator of the clinical thermometer, as well as an author, and one of the most eminent physicians of Great Britain. This book is built on the same plan as the various systems now in vogue in this country. The appearance and typography is not so inviting, the subject is discussed from the English standpoint, which is of course conservative and in some respects not according to our notions, for instance the use of silver instead of cat-gut after amputation of the cervix. (Page 769.) It is well not to be too one-sided, and our English cousins are apt to have very good reason for the faith that is in them: The articles on Extra-Uterine Gestation, by J. Bland Sutton; Diseases of the Fallopian Tubes, by Alban Doran, and Ovariectomy, by J. Greig Smith, are among the best as indeed any one conversant with the ability and learning of these authors might naturally suppose.

Playfair himself has a short but sensible article on the relation of the nervous system to gynecology, and he warns against both overlooking some local trouble which may give rise to a secondary nervous trouble, as well as exaggerating the importance of some local lesion the removal of which will be of no avail. He lays great stress on taking care of the general system, and discourages meddling tinkering (p. 226.)

The book cites some 800 authorities, and abounds in numerous references, there being a bibliography with each article. The articles all show careful research and the entire work comes to us as an epitome of the opinions of English surgeons on this subject.

THE PRACTICE OF MEDICINE. A TEXT-BOOK FOR PRACTITIONERS AND STUDENTS WITH SPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT, by James Tyson, M.D., Professor of Clinical Medicine in the University of Pennsylvania and Physician to the Hospital of the University, etc. Illustrated. Philadelphia: P. Blakiston, Son & Co., 1072 Walnut St. 1896. \$5.50.

A free translation of the Greek motto, "Know thyself," may be, "Test your

urine." Dr. Tyson from long practice in urinalysis has reversed the process and come to know mankind. He has always been our authority in urine analysis, and we take pleasure in reviewing his efforts in a wider field. He fills the gaps in his own knowledge, he says, as we all do, by using that of others for which he gives proper credit—a thing which many writers don't do.

There are two points in which this book is especially strong—the diagnostic technique of diseases of the stomach, and the entire section on diseases of the kidneys. This latter subject occupies 90 pages. Tyson being an acknowledged authority on such subjects, is clear, simple, full, and concise. The division of the matter does not extend to superfine post-mortem differentiation. But after discussing renal and extra-renal albuminuria, he discusses acute nephritis, chronic nephritis, parenchymatous and interstitial, waxy kidney, surgical kidney, tuberculosis, tumors, cysts, stone and anomalies of the kidney, closing with an interesting account of the relation of heart disease to kidney disease; diabetes both mellitus and insipidus are ably considered.

Probably there is more condensed knowledge in the three pages (1094-1096) than anywhere in the book; it is a summary of the action of the various infective agents upon the nervous system, at the onset and during the course, during convalescence, and remotely including the exanthemata, diphtheria, influenza, typhoid pneumonia, malaria, erysipelas, tetanus, tuberculosis, syphilis, rheumatism, gonorrhea, pyemia and a few other and rare infections.

The various books on practice now in use are of course in a great measure alike, Osler and Whittaker being strong in pathology, Strumpell in the nervous system, but Tyson in the eliminative functions. He especially aims at two things: First, what is the matter?; second, what to do for it.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS.

By Roberts Bartholow M.A., M.D., LL.D., Professor of Materia Medica, General Therapeutics and Hygiene in Jefferson Medical College of Philadelphia, etc. Ninth Edition. Revised and Enlarged. New York: D. Appleton & Co. 1896.

Bartholow takes a wise step in that in discussing the new remedies he has chosen those which he regards of value even though they may be under proprietary protection. He thus writes about what the doctor uses, so we find here the action and use of chloralamid, sulphonal, dermatol, ferratin, iodol, hypnone, etc. The work contains some 45 more pages than the last edition. The increase is largely due to the consideration of the new synthetic compounds and the study of the antitoxins.

There occur a few typographical errors; uropherin, for instance, cannot be found on page 507, but is on page 567, and tyrotoxinon is mentioned on page 62 instead of page 621. On page 63 he says: "As lactic acid results from the fermentations of milk sugar or lactose, one of the results of the use of milk may be rheumatic fever—for it is pretty generally held that a variety of lactic acid is the real cause of the disease." A statement which, if correct, needs wide publication. The reviewer's experience both confirms and contradicts it. He suffered from three rheumatic fevers during a period in which his diet was largely milk; yet now if he feels any rheumatic pains he at once flies to salicylate of sodium and a milk diet.

Bartholow was the reviewer's text-book as a student. He is, therefore, an old friend, and he is pleased to note that it keeps it up to the times. He follows the same plan as in the earlier editions. After a few pages on how medicines are introduced, he considers restorative agents increasing waste, antiseptics, excitomors, cerebral excitants, cerebral sedatives, motor depressants, evacuants, and topical remedies. In each division the subjects are taken up alphabetically. Under each he considers in regular order the drugs and their preparations, the administration, antagonists and incompatibles, synergists, physical action, and therapy.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of November, 1896.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY																																																																																																																				
	Max.	Min.	Mean																																																																																																																						
1	74	52	63	0	<p>MONTHLY RANGE OF BAROMETER: <i>Mean Atmospheric Pressure</i>, 30.02. Highest pressure, 30.28, date 30. Lowest pressure, 29.65 date 25. <i>Mean Temperature</i>, 60°. Highest temperature 84°, date 12. Lowest temperature 37°, date 27. Greatest daily range of temperature 30°, date 27. Least daily range of temperature 6°, date 24.</p> <p>MEAN TEMPERATURE FOR THIS MONTH IN</p> <table><tr><td>1876</td><td>.....</td><td>1883</td><td>.....</td><td>61°</td><td>1890</td><td>.....</td><td>66°</td></tr><tr><td>1877</td><td>.....</td><td>62°</td><td>1884</td><td>.....</td><td>61°</td><td>1891</td><td>.....</td><td>61°</td></tr><tr><td>1878</td><td>.....</td><td>59°</td><td>1885</td><td>.....</td><td>60°</td><td>1892</td><td>.....</td><td>62°</td></tr><tr><td>1879</td><td>.....</td><td>57°</td><td>1886</td><td>.....</td><td>57°</td><td>1893</td><td>.....</td><td>57°</td></tr><tr><td>1880</td><td>.....</td><td>56°</td><td>1887</td><td>.....</td><td>60°</td><td>1894</td><td>.....</td><td>59°</td></tr><tr><td>1881</td><td>.....</td><td>57°</td><td>1888</td><td>.....</td><td>60°</td><td>1895</td><td>.....</td><td>60°</td></tr><tr><td>1882</td><td>.....</td><td>58°</td><td>1889</td><td>.....</td><td>61°</td><td>1896</td><td>.....</td><td>60°</td></tr></table> <p>Mean temperature for this month for 20 years, 60° Average excess of daily mean temp. during month, 0° Accumulated excess of daily mean temp. since Jan. 1, 170° Average daily excess since January 1, 1° Prevailing direction of wind, West. Total movement of wind, 2816 miles. Maximum velocity of wind, direction, and date, 20m, NW, 26. <i>Total Precipitation</i>, 1.66 inches. Number of days on which .01 inch or more of precipitation fell, 5. Mean Dew Point, 53° Mean Relative Humidity, 72 per cent.</p> <p>TOTAL PRECIPITATION FOR THIS MONTH IN</p> <table><tr><td>1879</td><td>.....</td><td>3.44</td><td>1885</td><td>.....</td><td>5.55</td><td>1891</td><td>.....</td><td>.00</td></tr><tr><td>1880</td><td>.....</td><td>67</td><td>1886</td><td>.....</td><td>1.18</td><td>1892</td><td>.....</td><td>4.40</td></tr><tr><td>1881</td><td>.....</td><td>27</td><td>1887</td><td>.....</td><td>.80</td><td>1893</td><td>.....</td><td>.20</td></tr><tr><td>1882</td><td>.....</td><td>1.82</td><td>1888</td><td>.....</td><td>4.02</td><td>1894</td><td>.....</td><td>.00</td></tr><tr><td>1883</td><td>.....</td><td>.00</td><td>1889</td><td>.....</td><td>1.35</td><td>1895</td><td>.....</td><td>.80</td></tr><tr><td>1884</td><td>.....</td><td>1.07</td><td>1890</td><td>.....</td><td>.13</td><td>1896</td><td>.....</td><td>1.66</td></tr></table> <p>Average precip'n for this month for 20 years, 1.39. Total excess in precipitation during month, .27 inches. Accumulated deficiency in precip'n since Jan. 1, 3.75 inches. Number of clear days, 14. " partly cloudy days, 12. " cloudy days, 4. Dates of Frost, Light, 3-6-7; Heavy, 5-27-28-29-30; Killing, 0.</p>	1876	1883	61°	1890	66°	1877	62°	1884	61°	1891	61°	1878	59°	1885	60°	1892	62°	1879	57°	1886	57°	1893	57°	1880	56°	1887	60°	1894	59°	1881	57°	1888	60°	1895	60°	1882	58°	1889	61°	1896	60°	1879	3.44	1885	5.55	189100	1880	67	1886	1.18	1892	4.40	1881	27	188780	189320	1882	1.82	1888	4.02	189400	188300	1889	1.35	189580	1884	1.07	189013	1896	1.66
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NOTE—Pressure reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., NOVEMBER, 1896.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	60.	84.	37.	30.02	72.	5	1.66	14	12	4	W	2,816
San Diego	60.	76.	43	30.04	76.	5	.98	23	3	4	N W	3,345
Santa Barbara	58.7	79.	39.5	.....	72.	4	3.51	22	2	6	W	29,05
Yuma	63.	86	42.	29.97	42.	1	.06	23	6	1	N	4,704
Arlington Heights	57.6	84	34.	.....	.....	3	1.45	19	5	6	W	.....
Ontario	59.4	78.	37.	.....	.....	.....	1.06	.....	.....	.....	W	.....
Pasadena	59.1	79.	37.	.....	.....	.....	1.79	.....	.....	.....	W	.....
Redlands	59.0	86.	31.	.....	.....	.....	0.98	.....	.....	.....	W	.....
San Bernardino	58.8	76.	38	.....	.....	.....	1.45	.....	.....	.....	W	.....
Santa Ana	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	W	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; Ford A. Carpenter, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; A. Ashenberger, U. S. Weather Bureau, Yuma. JAMES A. BARWICK, Director California Weather Service, Sacramento, Cal.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 100,000

November, 1896.

ESTIMATED SCHOOL CENSUS, 1896, 20,679.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....	101	12.12	55	46	22	0	47	20	94	2	5	
Deaths under 5 years.....	10											
i. Specific infectious diseases.....	16	1.92	7	11	10		5	1	16			
ii. Diseases of the digestive system.....	9	1.08	5	4	2		5	2	8		1	
iii. Diseases of the respiratory system.....	31	3.72	19	12	3	3	15	10	27	1	3	
iv. Diseases of the nervous system.....	7	.84	4	3		1	4	2	7			
v. Diseases of the circulatory system, blood and ductless glands.....	10	1.20	6	4		1	6	3	10			
vi. Diseases of the genito-urinary organs.....	7	.84	4	3		1	3	3	6		1	
vii. Constitutional diseases.....	5	.60	2	3	4				5			
iii. Intoxication, violence, accidents.....	10	1.20	7	3			6	1	9	1		
ix. Miscellaneous diseases.....	6	.72	3	3	0	3	2	1	6			
i. Septicæmia.....	1	.12	1				1		1			
Pyæmia.....												
Diphtheria.....	5	.60	1	4	2		3		5			
Erysipelas.....												
Typhoid fever.....	2	.24	1	1	1		1		2			
Malarial fever.....	1	.12		1	1				1			
Scarlet fever.....												
Measles.....												
Pertussis.....												
Cerebro-Spinal Meningitis.....	4	.48	2	2	4				4			
Tubercular Meningitis.....	1	.12	1		1				1			
Tuberculosis.....	1	.12		1				1	1			
Influenza.....												
Dysentery.....	1	.12		1	1				1			
Syphilis.....												
Tetanus.....												
ii. Enteritis.....	1	.12	1				1	1	1		1	
Gastritis.....	1	.12	1				1		1			
Gastro-Enteritis.....												
Cholera infantum.....	1	.12	1		1				1			
Peritonitis.....	2	.24	1	1			2		2			
Entero-Colitis.....	1	.12	1		1				1			
Appendicitis.....	1	.12	1				1		1			
Hæmatemesis.....	1	.12	1						1			
Intestinal obstruction.....												
Diseases of the liver.....	1	.12	1				1		1			
iii. Asthma.....												
Bronchitis.....	4	.48	3	1	2		2		4			
Pleuro-Pneumonitis.....	1	.12	1				1		1			
Pneumonitis.....	5	.60	3	2			2	2	4		1	
Consumption.....	21	2.52	13	8	1	2	10	8	18	1	2	
iv. Diseases of the brain.....	7	.84	4	3		1	1	2	7			
Diseases of the spinal cord.....												
Locomotor Ataxia.....												
Eclampsia.....												
Epilepsy.....												
Neurasthenia.....												
v. Diseases of the heart.....	8	.96	4	4			5	2	8			
Degeneration of the arteries.....	2	.24	2				1	1	2			
Endocarditis.....												
Pericarditis.....												
Pernicious Anæmia.....												
vi. Uraemia.....												
Chronic Bright's disease.....	1	.12	1		1				1			
Nephritis.....	5	.60	3	2			2	3	4		1	
Cystitis.....	1	.12	1				1		1			
vii. Rheumatism.....												
Gout.....												
Diabetes.....												
Inanition.....	4	.48	2	2	1				1			
Senility and Asthenia.....	1	.12	1				1		1			
viii. Alcoholism.....												
Opium habit.....												
Suicides.....	2	.24	1	1			1		2			
Violence and accidents.....	8	.96	6	2			5	3	7			
ix. Tumors—malignant.....	2	.24	2						2			
Tumors—non-malignant.....												
Other diseases.....	4	.48	4		3			1	4			

F. W. STEDDOM, M. D., Health Officer.

ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THORAX. By Arthur M. Corwin, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical College, Attending Physician to the Central Free Dispensary, Department of Rhinology, Laryngology, and Diseases of the Chest. Second Edition. Revised and Enlarged. Philadelphia: W. B. Saunders, 925 Walnut St. 1896. Price, \$1.25.

The object of this little book is to give the salient and essential points of the science of physical diagnosis of thoracic diseases. It will enable the student to grasp and assimilate the important things, and at the same time serve as a guide to an wider study. It dwells upon the topography and landmarks of the chest first, then upon the classic methods of diagnosis, and concludes with the physical signs in the diseases of the chest. Its typography is especially adapted to a ready, catching and an effective impression on the eye.

OUR ADVERTISERS.

TREATMENT OF UTERINE DISORDERS BY THE GENERAL PRACTITIONER.

Editor Medical Summary:

That a large percentage of the ailments of the female pelvic organs can be relieved and cured by intelligent and well directed local and constitutional treatment, is a fact which is becoming more and more evident every day. * *

Case 1.—A virgin, age 21, pale, anemic, nervous, and of poor muscular development. For two years menstruation had been profuse, with occasional metrorrhagia. Her principal trouble, however, was dysmenorrhea, the severity of the attacks often compelling her to resort to opiates. The following prescription was ordered, conjoined with regular and systematic exercise in the open air:

R Sodii brom.....	dr. iv
Dioiburnia.....	oz. ij
Fl. ext. ergot.....	dr. iv
Elix. simp.	ad. oz. iv

M. Sig.—Two teaspoonfuls three times daily.

This was continued for eight weeks when an addition was made to the treatment in the shape of elixir of iron, quinine and strychnine. An occasional saline laxative was also given to overcome a tendency to constipation. The patient has now, at the end of three months, gained 16 pounds in weight; the rosy hue of health is on her cheeks, and the menstrual function is normal. In conclusion I wish to remark that the preparation dioiburnia contained in the above prescriptions, is one of the best uterine remedies I have ever encountered. I must confess, however, that I was prejudiced against it at first (as I am against proprietary medicine in general), but hearing it recommended by a physician of eminence and a gentleman for whom I entertain the warmest personal regard, I was lead to give it a trial. In cases requiring an antispasmodic I have found it of especial benefit. In some cases I prescribe it alone, but generally in combination with other remedies.

D. S. MADDOX, Coronor of Marion County, O.

PAIN AND REST IN DIPHTHERIA.

Rest is one of the sweetest words in our language, and in the management of no disease is this more true than in diphtheria. In keeping with the experience of Prof. T. E. Murrell, ex-Vice President of the American Medical Association, and Dr. Pollack, of St. Louis, who have found antikamnia valuable as a reliever

of the pain of nocturnal carache; it has also been found of great value as a sleep producer in these cases. Given in doses of two and a half to five grains every two to four hours, there is no depression nor have other than satisfactory results been obtained. Dr. Eggers, of Horton Place, St. Louis, reports in the treatment of an attack of diphtheria in a member of his own family, that, to obtund the pain consequent upon the injection of antitoxin-serum, which ordinarily lasts from three to four hours, he exhibits antikamnia internally, securing relief in a few minutes. In the treatment of any neuroses of the larynx, coughs, bronchial affections, la grippe and its sequel, as well as chronic neurosis, clinical reports verify the value of codeine in combination with antikamnia, the therapeutical value of both being enhanced by combination.

CARAMEL-CEREAL (see adv. Sanitarium Health Food Co., page xii.) is not sold as a food, although of course it contains some nourishment; but it is a substitute, wholesome in every respect, for the unwholesome drinks of tea and coffee that are largely in use. Many people who suffer from nervous disorders as the effect of these drinks, and especially those who are confined indoors, find this a very acceptable substitute, without any of the deleterious effects of the tea and coffee.

S. L. REED, M.D., Highland Park, Ky., Oct. 28, '06, writes:

Have only time at present to copy notes in reference to case in which I used Bromidia. Was called suddenly early on morning June 10th to see Mrs. McG. Patient had been under treatment of Dr. R., who had been called but failed to answer. Found patient suffering with acute mania, very violent and destructive. On questioning family found patient had delivered herself four days previous of a three months' fetus. Since that time patient had been receiving enormous doses of morphine with no apparent result. As patient was beyond control improvised a straight jacket of her husband's sweater and bicycle belt. Ordered half ounce Bromidia (Battle & Co.) every half hour until quiet. In two hours patient was sleeping. Patient continued to receive Bromidia whenever indicated, along with other treatment, and in a few weeks was apparently well although Dr. R. still has her under observation. This will show the superiority of Bromidia over morphine, especially in cases with head symptoms.

I have had moderate success with Iodia, but could sing the praises of Papine in several columns if I had the time.

FAILURE OWING TO SUBSTITUTION.

I have read and watched what has been said of Sanmetto, and often wondered why I did not get any results from it in my practice. When I received my September Medical Brief, and again reading of the grand results advertised therein by the Od. Chem. Co., I went over the ground to try to find out the trouble. To my surprise I found that all my patients had been furnished and were taking palmetto where Sanmetto had been ordered. I intend to watch this matter more closely.

P. J. GERLACH, M.D.

SPOKANE, WASH.

EDW. E. H. BARRY, Jr., M.D., Jerseyville, Ill., says: I have used Aletris Cordial with excellent results in the following: Miss R., 19 years of age, brunette, well developed, but troubled with dysmenorrhea, called at my office.

and after explaining her affliction, said: "Doctor, if there is any thing you can prescribe to relieve my suffering do so, for life is a burden to me now." I thought of the Aletris Cordial at once, and gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period. Several weeks afterward she returned with the empty bottle remarking, "I've come back for more of that medicine, for it's the only thing I ever had to give me relief." I can cheerfully recommend Aletris Cordial to the profession.

AN ANTI-FAT WHICH PRODUCES FLESH.

GENTLEMEN: There are a few considerations, which, in my opinion, should not be ignored in using Phytoline. I was converted to the use of this valuable several years ago by its successful results in my own case, and as the old saying goes, "One swears by the bridge that saved him." Since then my experience has been a varied one. I have not always achieved the same results in all my cases. Individual susceptibility to the action of the remedy differs. One case will respond promptly, the amount of absorbed and eliminated adipose being in some cases as high as a pound a day, in others a steady decrease of no more than a pound a week would be maintained. Then again, some would not respond for four or five weeks consistent treatment, at the end of which time they would begin to lose weight slowly as a rule, but sometimes quite rapidly. Whenever a patient fails to respond to treatment after a week, I examine the Phytoline carefully and see if there has been any change in its condition. It did not take me long to learn that it should not be put in uncolored glass bottles, for the chemical rays of light decompose it and cause a precipitation of the active properties. This is always preceded by a change in the color of the medicine, the change being from the beautiful characteristic color of the poke-berries to a dark, cloudy, reddish brown. When this property develops the therapeutic activity of the drug declines in direct proportion to the degree of change. This is only a temporary disadvantage, as you have always been ready to replace the deteriorated with the fresh preparation. I had one case that was peculiar. It was Mrs. C., a lady of about sixty-five years of age. She had been increasing in weight though not getting apparently any stronger. Her increase seemed to be entirely in the abdominal region and lower extremities. She had had rheumatism occasionally and was being troubled with a little difficulty of the heart. This was not a true case of obesity, but rather one of rheumatic heart complication. I knew that the anti-rheumatic properties of Phytoline could meet this indication and I gave it to the patient with the injunction to take 10 drops in water one-half hour before and one hour after each meal. She began to improve promptly. The swelling of the extremities subsided little by little, then the abdomen subsided in size, her heart's action became easier, her appetite improved, and she took on flesh—not fat, but good solid muscle. She got well and has not been troubled since, although no one can expect a rheumatic heart to get well if there is any insufficiency of the valves.

Should you ever require a short report or two from my case record-book, just let me know, and I will take pleasure in sending them to you.

P. A. Lohman, M.D.





